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The
Council of
State
Governments

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STATE REGULATION OF THE
HEALTH OCCUPATIONS AND PROFESSIONS: 1985-86

FINAL REPORT
MARCH 1987

Prepared by

The National Clearinghouse on Licensure,
Enforcement and Regulation and

The Council of State Governments
Iron Works Pike, P. O. Box 11910
Lexington, Kentucky 40578

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PREFACE

States regulate over forty health occupations and professions. Each state legislature determines which health occupations and professions the state will regulate, the type of credential, the scope of practice of the profession, and the administrative and policymaking structures which will carry out the ongoing regulatory functions.

The Council of State Governments has published a series of research reports beginning in 1952 with Occupational Licensing in the States, designed to provide policymakers with comparative state information on state occupational and professional regulation issues. The Council of State Governments is a national organization funded and supported by all 50 state governments. Its purpose is to provide research and educational opportunities to all three branches of government across the 50 states and U.S. Territories. The National Clearinghouse on Licensure, Enforcement and Regulation (CLEAR) is an affiliated organization of the Council of State Governments. It is a national organization composed of state officials and administrators involved with occupational licensing and regulation issues.

In 1984 the Council of State Governments and the National Clearinghouse on Licensure, Enforcement and Regulation (CLEAR) were awarded a three-year project by the Bureau of Health Professions, Health Resources and Services Administration, Public Health Service, U.S. Department of Health and Human Services. Under this project, the state statutes and administrative regulations pertaining to approximately 40 health occupations and professions have been collected. Using these laws, staff have compiled tables on the nature of state credentialing, including the structures, state credentialing requirements, and interstate reciprocal agreements for over 20 health occupations and professions.

This report--State Regulation of the Health Occupations and Professions: 1985-86--is the principle overview of state laws governing the health professions produced during the project's second year. Special thanks for their expert advice and oversight during the project's second year are extended to the members of the Health Professions Licensure Information System Advisory Committee: Dr. Joseph Hamburg, MD, Professor, University of Kentucky Medical School; Helen Herring, LCSW, Partner, Herring, Reeb and Associates; Barbara Nichols, RN, Secretary, Wisconsin Dept. of Regulation and Licensing; Dr. Benjamin Shimberg, Ph.D, Senior Research Scientist, Educational Testing Service; and Sara Townsend, Majority Whip, New Hampshire House of Representatives.

During the project's first year two reports, providing an overview of state laws governing selected health professions, were compiled and published. One report--State Credentialing of the Health Occupations and Professions: 1984-85--provides 50-state comparative information on the regulation of the following professions: Acupuncture; Chiropractic Medicine; Nursing, LPN, RN, Nurse Practitioner and Nurse Midwifery; Occupational Therapy; Physical Therapy; and Podiatric Medicine. The second report--State Credentialing of the Behavioral Science Professions: Counselors, Psychologists and Social Workers--provides an in-depth look at the state regulation of the three behavioral science professions.

During the project's second year, in addition to this report, one special study was completed. This study is entitled, State Sunrise Programs: Deciding When to Regulate Health Professions.

The Project Director is Frances Stokes Berry, the Council of State Governments' Director of the Center for Health and Regulation, and Director of CLEAR. Andy Arnett, Ed Bowling, Pam Brinegar, Lori Cannon, Nancy Hoffman and Ellen Hume have served as research assistants for the project. Blessing Brown has been the project's secretary and meeting coordinator. Pat Bancroft and Wanda Hines have typed multiple drafts of the project's reports cheerfully and competently.

The Project Officer has been B. Jerald McClendon, Bureau of Health Professions, HRSA, U.S. Department of Health and Human Services. The Council of State Governments and CLEAR gratefully acknowledge the Health Resources and Services Administration's support under Contract #240-84-0094, without which this project could not have been undertaken.

Carl Stenberg, Executive Director
The Council of State Governments

Gary Clark, CLEAR Chairperson
Executive Secretary
State Board of Healing Arts
Jefferson City, Missouri

CHAPTER I

INTRODUCTION

INTRODUCTION

1.1. Background

States are the principal government regulating the health occupations and professions. Approximately 22 health professions are regulated by a majority of the states while 21 health occupations are regulated by fewer than half the states.

Since 1965 when Medicare and Medicaid were enacted, vast changes have taken place in America's health delivery systems, and in the types and numbers of health personnel who work in the health system. Developments in health technology, medical science, and the varieties of health care delivery systems have led to an increased number of allied health occupations practicing in the last two decades. The scopes of practice of emerging and established health professions have been defined frequently through legislative conflicts as representatives from the newer allied health occupations have gone to state legislatures to request state regulation of their occupations.

1.2. Purpose and Methodology of Report

This report is intended for state and federal policymakers, college and university health faculty, professional association staff, and health care practitioners. The purposes of the report are threefold:

(1) To provide an overview of health personnel credentialing laws, regulatory actions and court decisions during the year 1985-86;

(2) To provide current 50-state comparative data summaries on the most frequently asked questions about how states regulate particular health professions; and,

(3) To inform policymakers that The Council of State Governments has the 50-state statutes and regulations on over 35 health occupations and professions on file for ready research.

Project staff have compiled a comprehensive collection of state statutes and regulations for the following health occupations and professions:

- Acupuncturist
- Chiropractor
- Counselor
- Dentist
- Dental Assistant
- Dental Hygienist
- Denturist
- Dietitian
- Emergency Medical Technologist
- Hearing Aid Dealer & Fitter
- Homeopath
- Occupational Therapy Assistant
- Opthalmic Assistant
- Optician
- Optometrist
- Pharmacist
- Pharmacist Assistant
- Physical Therapist
- Physical Therapy Assistant
- Physician
- Physician Assistant
- Podiatrist

- Hospital Administrator
- Licensed Practical Nurse
- Medical Technologist
- Naturopath
- Nuclear Medicine Technician
- Nurse Midwife
- Nurse Practitioner
- Nursing Home Administrator
- Occupational Therapist
- Psychologist
- Radiologic Technologist
- Radiation Therapist
- Registered Nurse
- Respiratory Therapist
- Sanitarian
- Speech Pathologist & Audiologist
- Social Worker
- Veterinarian

In developing the tables for the eight health occupations and professions included in this report, project staff read the statutes and regulations and compiled the tabular information based on the state practice act. Thus, this report reflects information contained in state laws, not garnered by a 50-state survey. The tables and narrative were reviewed by the Advisory Committee and selected experts in the particular health field.

1.3. Impact of Regulation

Legislators are frequently faced with a dilemma when occupational representatives approach them with regulation requests. Legislators must ask, "Is regulation truly necessary to protect the health, safety and welfare of the public?" There are four generally accepted criteria which indicate that state licensure is warranted: (1) unqualified practice poses a serious risk to a consumer's life, health, safety or economic well-being; (2) such risks are likely to occur; (3) the public cannot adequately judge a practitioner's qualifications; and (4) benefits to the public clearly outweigh potential harmful effects of licensure. Failure to meet these criteria, in general, means that licensure is not justified, although in some instances another form of state regulation such as registration or certification may be warranted.

Legislators can often be convinced that there is some danger to the public's health and safety under unregulated practice of a health occupation. The dilemma crystallizes because there are recognized negative impacts resulting from licensure; e.g., licensure can restrict the number of people entering a profession which likely raises the cost of the service to consumers.

For most professions, licensing requirements vary from state to state, and the mobility of practitioners can be hampered as a result of lack of uniform reciprocity agreements between states. Scope-of-practice statutes for established professions may unnecessarily restrict services that auxiliary occupations may provide and cause auxiliaries to be under-utilized.

1.4. State Sunset and Sunrise Processes

During the 1970s, states' general interest in regulatory reform gave birth to sunset laws. First passed by Colorado in 1976 and later passed by 38 states, sunset's unique feature was an automatic termination provision for boards and agencies unless the legislature took positive measures to reenact them. Without exception, state sunset laws included occupational and professional licensing boards in their review cycles.

Many people believed sunset would lead to the wholesale deregulation of the professions but this did not occur. Only a few occupations and professional licensing boards have been terminated under sunset, and in almost every case, state regulation has been reinstated within a few years.

While administrative and structural reforms were more common outcomes of sunset performance reviews, sunset laws themselves have come under scrutiny by state legislatures as unnecessary or ineffective. Mississippi, Nebraska and North Carolina repealed their sunset laws. Other states, such as Illinois and Kansas, have essentially inactivated the sunset reviews while leaving the laws on the books. Still other states, e.g., Connecticut and New Hampshire, have completed the initial sunset reviews of occupational and professional licensing boards and will not resume another cycle of reviews until the late 1980s. For complete information on sunset programs and reviews of licensing boards in the states, see Appendix A.

Finding that sunset laws did nothing to stem the constant flow of new requests for state regulation of health occupations, legislators have turned with interest to a related program -- the sunrise process. Under sunrise programs, a legislative or legislatively-enacted body reviews requests for licensure or certification from representatives of unregulated health occupations. Generally the process includes a series of cost/benefits and other questions designed to solicit information from the requesting occupations that state regulation is needed and appropriate. Nine states have implemented sunrise programs since 1979. For detailed information on each state's program, see State Sunrise Programs: Deciding When to Regulate Health Occupations. For information on which occupations have requested regulation in which states with sunrise processes, as well as the state's recommendation for each occupation, see Appendix B.

1.5. Federal Efforts in Health Credentialing

During the 1970s, both the state and federal governments gave increased attention to health professions credentialing. At the federal level, the U.S. Department of Health, Education and Welfare sponsored a series of task forces and studies on health occupational credentialing. A 1971 Report on Licensure and Related Health Personnel Credentialing looked at the impact of state credentialing on the health care system and recommended increased emphasis on high-quality, private-agency credentialing. The report also recommended a "two-year moratorium on the enactment of legislation that would establish new categories of health personnel with statutorily-defined scopes of functions." Two years later, a second report entitled Developments in Health Manpower Licensure further chronicled what states were doing regarding health occupational credentialing since the 1971 report was issued, and extended the moratorium for one year.

A 1977 report, A Proposal for Credentialing Health Manpower, made several substantive recommendations to the licensing community. One important recommendation was that a national certification commission be established to develop, evaluate and oversee national standards for private certifying agencies in health occupations. Following this recommendation, in 1977 the National Commission for Health Certifying Agencies was formed and was given the task to develop standards of excellence in the private credentialing of health care personnel. Its members include voluntary certifying agencies that issue credentials attesting to the competence of individual health professionals in their field.

In the 1980s, the U.S. Department of Health and Human Services, through the Health Resources and Services Administration, provided several types of support for credentialing of health occupations and professions. Task analyses and role delineations were funded to assist with the development of a national examination. Also, a major project was funded to document and support the "State of the Art in Continuing Competency Assessment" for privately certified and state regulated health occupations and professions.

Finally, the Health Professions Licensure Information System was created by the Bureau of Health Professions and The Council of State Governments to collect and have available the state practice acts and administrative regulations of the health occupations and professions, to provide a yearly overview of state legislative and judicial activity concerning health professions, and to provide in-depth information on the state regulation of selected health occupations and professions.

1.6. Type of State Credentialing

State regulation of health occupations and professions takes three forms: licensure, certification and registration. The three types of state credentialing provide different levels of restrictions on entry into the occupation or profession, with licensure being the most restrictive form of state credentialing and registration the least restrictive. Specifically, **licensure** restricts the scope-of-practice so that it is illegal for a non-licensed person to perform the covered services. Through licensure laws, states usually specify the minimum educational and training requirements needed by applicants, administer an exam, issue and renew licenses, and establish enforcement procedures to discipline incompetent or fraudulent practitioners.

Certification generally refers to a credential issued by a non-government agency or association which recognizes an individual's achievements of predetermined competence and standards. However, in many instances states adopt "statutory certification," which limits use of particular titles to persons meeting predetermined requirements, but persons not certified can practice the occupation or profession. For the purpose of this report, "certification" is "statutory certification."

Registration is the least restrictive form of state regulation. It can be as simple as requiring a person to provide his name, address and training to a state agency, or registration can require individuals to first meet minimum practice standards before registering and using the title of registered practitioner. As with certification, unregistered persons can practice the profession. Typically, exams are not given and enforcement of the registration requirement is minimal.

1.7. Major Issues

State policymakers continue to grapple with most of the same regulatory issues which were on the policy agenda in the early 1970s, although some issues, such as adding consumer representation to licensure boards, have had new solutions proposed and enacted. But with growing concern over burgeoning health care costs and incompetent practitioners, the issues are in the limelight again in the 1980s.

1.7.a. Incompetent Practitioner

At the state and federal level, incompetent practitioners--how to find them and how to deal with them--has emerged as a number one priority for state legislators and regulators. Legislatures are providing increased funding for state enforcement functions.

Practice acts are being amended to expand the disciplinary options available to regulators beyond suspension and revocation. The most frequent additional sanctions include administrative fines, reprimand and probation.

State licensing boards are increasingly developing policies on dealing with practitioners who abuse drugs or alcohol, referring abusers to treatment programs for rehabilitation when possible, and tracking practitioners' successes and failures after treatment.

In May 1984, Senator John Heinz introduced the Medicare and Medicaid Patient and Program Protection Act in the Senate which would give the U.S. Department of Health and Human Services greater powers to exclude fraudulent and incompetent health practitioners from Medicare and Medicaid. This bill would require state licensing boards to report to the Department all disciplinary actions taken to assist in identifying incompetent practitioners. As of January 1986, a House bill was passed and a similar bill is under consideration by the Senate and is expected to pass.

1.7.b. Continuing Competence

There is a growing recognition that the state government regulatory system that attempts to ensure beginning practitioners' competence should also attempt to ensure that practitioners continue to practice at acceptable levels. Since 1971 when the New Mexico Board of Medical Examiners first adopted mandatory continuing education (MCE) requirements for license renewal, professions have passed MCE to promote continuing competence.

Over a decade later, however, there are serious questions as to whether MCE achieves its desired goal. Concerns include the high cost of MCE to practitioners which is passed on to consumers, the unproven relationship between course work taken and practitioner performance, and the uneven substance of course work offered for MCE. A 1983 study of continuing education requirements by the California Department of Consumer Affairs reported that: (1) most licensing board staff found little or no benefit to the public or the licensees from MCE; and (2) licensees in the department spend approximately $240,000 annually (excluding lost income) to meet the MCE requirements.

A 1985 study by the Wisconsin Department of Regulation and Licensing entitled, Departmental Report on a Study Concerning Legislatively Mandated Continuing Education Requirements for Licensed Professionals, also recommended that mandatory continuing education be repealed for all boards with the exception of the Chiropractic Examining Board. During the 1986 legislative session, Wisconsin repealed the MCE requirements for real estate brokers and salespersons.

States are beginning to examine other methods to assess and ensure continuing individual competency. To assist states in this effort, private certifying agencies have devoted more resources and attention to developing methods that assess and ensure continuing competency. The National Commission for Health Certifying Agencies will publish a report in 1987 on The State of the Art in Continuing Competency Assessment.

The National Commission report discusses a variety of methods, including self-assessment tests, periodic re-examination, chart audits, peer review, and computerized simulations which are currently being used by private certifying agencies to promote continuing competency among their credentialed membership. States will likely adopt these privately developed methods or spend considerable financial resources to develop their own methods in the future to go beyond MCE in assuring continuing competency.

Strengthened disciplinary and enforcement procedures may, however, be more effective than continuing education in protecting the public from incompetent or fraudulent practitioners. Under this approach, state governments' efforts are directed at the small percentage of practitioners who practice below minimum levels rather than toward the large majority of competent practitioners. For example, a 1983 review of Michigan's law to develop continuing competency programs for all licensed professionals found the state had not progressed far toward this goal. Instead, the report recommended that the limited funds available for continuing competency assessment be directed toward improving the enforcement program.

1.7.c. Fraudulent Degrees

In 1984, investigative reporting series in leading national newspapers drew attention to state licensing responsibilities. The New York Times, for instance, gave extensive coverage to the cases involving individuals who purchased phony medical degrees from Caribbean medical schools.

1.7.d. Composition of Licensing Boards

States continue to add consumer members on licensing boards to articulate the general public's interest in regulatory decision-making.

States increased the size of boards in several states in 1985 by adding consumer members or by adding representatives of allied health occupations regulated by the board.

1.8. Structure of the Report

This report is structured so that some chapters contain information on many of the health occupations and professions regulated by the states while other chapters contain in-depth information on one health occupation or profession.

Specifically, Chapter II contains a table that lists by professions which states regulate that profession and what type of regulation (i.e. licensure, certification or registration) is in place. Chapter III contains a brief summary of the provisions of laws enacted by state legislatures in 1986 (before April 1) related to health professions. Chapter IV lists the names and brief summaries of the major state court decisions pertaining to health professions. Chapters III and IV are important to this report as professional licensing is an area of state responsibility that for nearly a decade has undergone a period of change and growth along with increased public awareness. Newly enacted laws and court decisions can have significant effect on future licensing decisions by state policy and law makers.

Chapters V through XII each contain brief narratives and in-depth tabular summaries of state structures and policies concerning the state regulation of dentists, dental assistants, dental hygienists, denturists, physicians, physician assistants, osteopathic doctors, and respiratory therapists.

Each of the eight health occupations and professions reviewed in depth in this report are covered by nine tables. The tables are: Table 1--Type of State Regulation; Table 2--Organizational Pattern of State Regulatory Boards; Table 3--Functions of Licensing Boards and Agencies; Table 4--Enforcement Functions of Licensing Boards and Agencies; Table 5--Examination of Applicants; Table 6--Initial Requirements for Licensure; Table 7--Schedule of Fees; Table 8--Reciprocity and Endorsement; and Table 9--Continuing Education Requirements.

Citations are listed for Table 1 of each chapter indicating the specific state statutes and regulations pertaining to the health profession.

Each table has footnotes to explain particular cases. However, terminology common to each table for all professions is defined below.

Table 1 - Type of State Regulation

Licensure	This is the most restrictive of the three methods of regulation. Licensure restricts the scope-of-practice so that it is illegal for a non-licensed person to perform the covered services. Through licensure laws, states specify the minimum educational and training requirements needed by

	applicants, administer an exam, issue and renew licenses, and establish enforcement procedures to discipline incompetent practitioners. In this survey, "licensure" means that it is illegal for a person to practice the profession without first meeting the standards imposed on the profession by the state and its regulating agency.
Certification	This generally refers to a credential issued by a non-government agency or association which recognizes an individual's achievements of predetermined competence and standards. Those without the title may perform the services of the profession, but only those certified may use the title.
Registration	Can be as simple as requiring a person to provide his name, address and training to a state agency. In some cases, registration requires individuals to first meet minimum practice standards before registering and using the title of registered practitioner. Unregistered persons can practice the profession. Typically, exams are not given and enforcement of the registration requirement is minimal. This form of regulation is appropriate when the threat to public health, safety and welfare is small.

Table 3 - Functions of Licensing Boards and Agencies

In approving or accrediting educational programs, the board may have approved a national agency to accredit an educational program. Using the example of occupational therapists, the board has the power to approve educational programs, but has chosen to approve programs accredited by the American Medical Association and/or the American Occupational Therapy Association. The board still has the power to approve programs that are not recognized by the national accrediting agency.

Regional refers to accreditation by one of six regional accrediting agencies that compose the Association of Secondary Schools and Colleges. The six are the New England Association of Colleges and Schools, the Middle States Association of Colleges and Schools, the North Central Association of Colleges and Schools, the North Western Association of Colleges and Schools, the Southern Association of Colleges and Schools, and the Western Association of Colleges and Schools.

Table 4 - Enforcement Functions

Suspend	The professional is not permitted to practice for a period of time.
Revoke	Involves the involuntary termination of the professional's license.
Restrict License	A reduction in the scope-of-practice.

Censure	Similar to a reprimand. The agency makes an official statement of displeasure concerning the individual.
Reprimand	The administrative agency reproves the professional. There may be public or private reprimands.
Probation	The professional is permitted to practice, but the agency has imposed conditions upon the practice. Once the time period has elapsed, the practitioner may resume unconditionally.
Fine	A monetary penalty imposed by the administrative agency for a violation of an administrative rule or regulation.

Table 8 - Reciprocity and Endorsement

Endorsement	As used in this survey, endorsement is a waiver of the license examination if certain conditions are met. Each state has different conditions which are delineated as footnotes on the table dealing with reciprocity and endorsement.
Reciprocity	The professional may practice in a state other than in the one in which he/she obtained the initial license only if the state which issued the original license allows the professionals licensed in the entering state to practice their profession within the original state. There are conditions which accompany reciprocity in many of the states.

Appendix A summarizes state sunset reviews of health professions in 1985-86, while Appendix B lists state sunrise agendas by profession and recommendation. Appendix C lists national organizations, including national board associations and national professional associations for further information on particular health occupations and professions.

CHAPTER II

STATE LAWS REGULATING HEALTH OCCUPATIONS AND PROFESSIONS

TABLE II

Page 1 of 3

State Regulation of Health Occupations and Professions	Acupuncturist	Audiologist/ Speech Path.	Chiropractors	Counselor Pastoral, Family & Marr.	Dentist	Denturist	Dietitian	EMT	Hearing Aid Dealer/Fitter	LPN	RN	Radiation Therapy Technologist
ALABAMA		L	L	L**	L		C	L	L	L	L	
ALASKA	L		L		L			L		L	L	
ARIZONA	C		L		L	C		L	L	L	L	L
ARKANSAS		L	L	L**	L			L	L	L	L	
CALIFORNIA	L	L	L	L	L		C	L	L	L	L	L
COLORADO			L		L			L	L	L	L	
CONNECTICUT		L	L	L	L			L	L	L	L	
DELAWARE		L	L		L			L	L	L	L	
FLORIDA	L	L	L	L	L			L	L	L	L	L
GEORGIA	B.A	L	L	L	L		L	L	L	L	L	
HAWAII	L	L	L		L			L	L	L	L	L
IDAHO			L		L	L		L	L	L	L	
ILLINOIS			L		L			L	L	L	L	L
INDIANA		L	L		L			L	L	L	L	
IOWA		L	L		L		L	L	L	L	L	
KANSAS			L		L			L	L	L	L	
KENTUCKY		L	L		L			L	L	L	L	
LOUISIANA	C	L	L		L		C	L	L	L	L	
MAINE		L	L		L	L	R	L	L	L	L	L
MARYLAND	R	L	L		L		L	L	L	L	L	
MASSACHUSETTS		L	L		L			L		L	L	
MICHIGAN			L	L	L			L	L	L	L	
MINNESOTA			L		L			L	L	L	L	
MISSISSIPPI		L	L		L		L	L	L	L	L	
MISSOURI		L	L		L			L	L	L	L	
MONTANA	L	L	L		L	L	C	L	L	L	L	
NEBRASKA		L	L		L			L	L	L	L	
NEVADA	L	L	L	L	L			L	L	L	L	
NEW HAMPSHIRE			L		L			L	L	L	L	
NEW JERSEY	L	L	L	L	L			L	L	L	L	L
NEW MEXICO	L	L	L		L			L	L	L	L	
NEW YORK	L	L	L		L			L	R	L	L	L
NORTH CAROLINA		L	L	L	L			L	L	L	L	
NORTH DAKOTA		L	L		L		V.L.	L	L	L	L	
OHIO		L	L		L			L	L	L	L	
OKLAHOMA		L	L		L		L	L	L	L	L	
OREGON	L	L	L		L	C		L	L	L	L	L
PENNSYLVANIA		L	L		L			L	L	L	L	
RHODE ISLAND	L	L	L		L			L	L	L	L	
SOUTH CAROLINA	B.A.	L	L	L	L			L	L	L	L	
SOUTH DAKOTA	R		L		L			L	L	L	L	
TENNESSEE		L	L	L	L			L	L	L	L	
TEXAS		L	L		L		L	L	L	L	L	
UTAH	L	L	L	L	L		C	L		L	L	
VERMONT			L		L			L	L	L	L	L
VIRGINIA	L	L	L	L**	L			L	L	L	L	
WASHINGTON	L		L		L			L	L	L	L	
WEST VIRGINIA	R		L		L			L	L	L	L	
WISCONSIN			L		L			L	L	L	L	
WYOMING		L	L		L			L	L	L	L	L
DC			L		L		L	L	R	L	L	
Puerto Rico			L		L		L			L	L	L

Source: HPLIS/Council of State Governments, December 31, 1985

Key: B.A.=Board approval submitted by physician
C=Certification/L=Licensure/R=Registration/VC=Voluntary certification
* = Enabling legislation
** = Licensed under the title of Professional Counselor
+ = Licensed in New York City but not in New York State

TABLE II

Page 2 of 3

	Dental Hygienist	Dental Assistant	Nurse Midwife	Nurse Practitioner	Med. Lab Tech./ Technician	Nuclear Med. Technologist	Nursing Home Administrator	Occupational Therapy	Physical Therapy	Optician	Optometrist	Pharmacy Assistant
ALABAMA	L		C	C			L		L		L	
ALASKA	L		C	C			L		L	L	L	
ARIZONA	L		C	C			L		L	L	L	
ARKANSAS	L		C	C			L	L	L	L	L	
CALIFORNIA	L	L	C	C	L		L	C	L	L	L	
COLORADO	L		C	C			L		L		L	
CONNECTICUT	L		C				L	L	L	L	L	
DELAWARE	L		C	C		*	L	L	L		L	
FLORIDA	L		C	C	L	L	L	L	L	L	L	
GEORGIA	L		C	C	L		L	L	L	L	L	
HAWAII	L		C				L	C	L	L	L	
IDAHO	L		C	C			L		L		L	
ILLINOIS	L		C			L	L	L	L		L	
INDIANA	L		C	*			L		L		L	
IOWA	L		C	C			L	L	L	C	L	
KANSAS	L		C	C			L	R	R		L	
KENTUCKY	L		C	C		*	L	L	L	L	L	
LOUISIANA	L		C	C			L	L	L		L	
MAINE	L		C	C		L	L	L	L		L	
MARYLAND	L		C	C			L	L	L		L	
MASSACHUSETTS	L		C	C			L	L	L	L	L	
MICHIGAN	L	L	C	C			L		L		L	
MINNESOTA	L		C			*	L		R		L	
MISSISSIPPI	L		C	C			L		L		L	
MISSOURI	L		C				L		L		L	
MONTANA	L		C	C			L	L	L		L	
NEBRASKA	L		C	C			L	L	L		L	
NEVADA	L		C	C			L		L	L	L	
NEW HAMPSHIRE	L		C	C			L	L	L		L	
NEW JERSEY	L		C	C		L	L		L	L	L	
NEW MEXICO	L		C	C		*	L	L	L		L	
NEW YORK	L		C		+		L	L	L	L	L	
NORTH CAROLINA	L		C	C			L	L	L	L	L	
NORTH DAKOTA	L		C	C			L	L	L		L	
OHIO	L		C				L	L	L	L	L	
OKLAHOMA	L		C	C			L	L	L		L	
OREGON	L		C	C			L	L	L		L	
PENNSYLVANIA	L		C	C			L	L	L		L	
RHODE ISLAND	L		C				L	L	L	L	L	
SOUTH CAROLINA	L		C	C			L	L	L	L	L	
SOUTH DAKOTA	L		C	C			L		L		L	
TENNESSEE	L		C	C	L	*	L	L	L	L	L	
TEXAS	L		C	C			L	L	L		L	
UTAH	L		C	C			L	L	L		L	
VERMONT	L	L	C	C		L	L		L	L	L	
VIRGINIA	L		C	C			L		L	L	L	
WASHINGTON	L		C	C			L	L	L	L	L	L
WEST VIRGINIA	L		C				L	L	L		L	
WISCONSIN	C		C				L		L		L	
WYOMING	L		C	C		L	L		L		L	
DC	L		C	C			L	L	L		L	
Puerto Rico	L	L	C			L	L	L	L	L	L	

Source: HPLIS/Council of State Governments, December 31, 1985

Key: B.A. = Board approval submitted by physician
C = Certification / L = Licensure / R = Registration
VC = Voluntary certification
* = Enabling legislation
** = Licensed under the title of Professional Counselor
+ = Licensed in New York City but not in New York State

TABLE II

	Pharmacist	Physician (D.O., M.D.)	Physician Assistant	Podiatrist	Psychologist	Radiologic Technol./Tech.	Respiratory Therapist	Sanitarian	Social Worker	Veterinarian	Veterinarian Assistant
ALABAMA	L	L	C	L	L				L	L	L
ALASKA	L	L	R	L	L					L	L
ARIZONA	L	L	C	L	C	L		R		L	L
ARKANSAS	L	L	C	L	L		L	R	L	L	L
CALIFORNIA	L	L	C	L	L	L	C	R	L	L	L
COLORADO	L	L	C	L	L				L/L/R	L	L
CONNECTICUT	L	L	C	L	L			R	L	L	L
DELAWARE	L	L		L	L	*			L	L	
FLORIDA	L	L	C	L	L	L	L	R	L	L	L
GEORGIA	L	L	C	L	L		C	R	L	L	L
HAWAII	L	L	C	L	L	L		R		L	
IDAHO	L	L	R	L	L			R	L	L	
ILLINOIS	L	L	C	L	C	L			R	L	L
INDIANA	L	L	R	L	C	L		R		L	L
IOWA	L	L	C	L	L	*	C		L	L	L
KANSAS	L	L	R	L	C		L	R	L	L	L
KENTUCKY	L	L	R	L	L	L		R	L	L	L
LOUISIANA	L	L	C	L	L		L	R	L	L	
MAINE	L	L	C	L	L	L**	L		R	L	L
MARYLAND	L	L	R	L	L		L	R	L	L	L
MASSACHUSETTS	L	L	C	L	L	L		R	L	L	
MICHIGAN	L	L	L	L	L	*		R	R	L	L
MINNESOTA	L	L	R	L	L	*		R		L	L
MISSISSIPPI	L	L		L	L			R		L	L
MISSOURI	L	L		L	L			R		L	L
MONTANA	L	L	L	L	L	L		R	L	L	
NEBRASKA	L	L	C	L	L		L	R	L	L	L
NEVADA	L	L	C	L	L			R		L	L
NEW HAMPSHIRE	L	L	C	L	C				C	L	
NEW JERSEY	L	L		L	L	L				L	L
NEW MEXICO	L	L	C	L	C	*	L			L	L
NEW YORK	L	L	R	L	L	L		R	L	L	L
NORTH CAROLINA	L	L	R	L	L			R	C	L	L
NORTH DAKOTA	L	L	R	L	L		L		L	L	L
OHIO	L	L	R	L	L			R	L/R	L	L
OKLAHOMA	L	L	C	L	L			R	L	L	L
OREGON	L	L	R	L	L	L		R	R	L	L
PENNSYLVANIA	L	L	C	L	L					L	L
RHODE ISLAND	L	L	R	L	C			R	R	L	
SOUTH CAROLINA	L	L	C	L	L			R	R	L	L
SOUTH DAKOTA	L	L	C	L	L				L	L	L
TENNESSEE	L	L	C	L	L	C	L	R	L	L	L
TEXAS	L	L	C	L	L		C	R	L/C	L	L
UTAH	L	L	R	L	L			R	L	L	
VERMONT	L	L	C	L	L	L			L	L	
VIRGINIA	L	L	C	L	L		C		L	L	L
WASHINGTON	L	L	R	L	L					L	L
WEST VIRGINIA	L	L	C	L	L	L		R	L	L	L
WISCONSIN	L	L	C	L	L			R		L	L
WYOMING	L	L	C	L	L	L				L	L
DC	L	L	R	L	L				L	L	
Puerto Rico	L	L		L	L	L			L	L	L

Source: HPLIS/Council of State Governments, Decembe: 31, 1985

Key: B.A.=Board approval submitted by physician
C=Certification/L=Licensure/R=Registration/VC=Voluntary certification
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CHAPTER III

STATE LAWS PERTAINING TO HEALTH PROFESSIONS REGULATION ENACTED IN 1985-86

STATE LAWS PERTAINING TO HEALTH PROFESSIONS CREDENTIALING ENACTED IN 1985 & 1986

STATE	LAW NUMBER	SUMMARY
Arizona	House 2039	Permits a person who took the "federation licensing exam" (Federation of State Medical Boards exam = FLEX) on certain dates and made a certain grade to be licensed to practice **medicine** without passing the regular exam.
	House 2065	Makes provisions governing the Board of **Homeopathic Medical Examiners**. Requires insurers to report malpractice claims against homeopaths as they currently do for medical doctors and others. Makes related provisions.
	House 2195	Expands the statutory definition of "employment agent" to include vocational guidance or **counseling** services.
	House 2238	Requires that **veterinary** licensing examination papers be retained on a schedule set by the State Department of Library, Archives and Public Records. Allows the state examining board to revoke or suspend a license with consent of a majority of board members.
	House 2271	Extends the sunset provisions for the State **Livestock Board** and State **Veterinarian** for ten years. Expands their authority, including the power to appoint hearing officers and adopt self-inspection programs.
	House 1069	Gives the State Board of **Psychologist Examiners** the authority to hire hearing officers to preside at administrative hearings and consultants to advise the board in its duties.
	House 1070	Expands authority of the state Board of **Medical Examiners** to discipline doctors for improper conduct to allow limiting a practice and fining up to $10,000 per violation.

STATE	LAW NUMBER	SUMMARY
Colorado	House 1022	Allows the Board of **Hearing Aid Dealers** to terminate. Repeals the article relating to the powers and duties of the Board. Makes it a deceptive trade practice under the "Colorado Consumer Protection Act: for a hearing aid dealer to engage in certain practices with respect to dispensing, fitting, or dealing in hearing aids. Requires a hearing aid dealer to allow a recession period after the sale of a hearing aid.
	House 1032	Provides for certification of child health associates as **physician assistants**.
	House 1169	Establishes review committees to review and evaluate the practice of **physicians**.
	House 1199	Grants immunity to **physicians** or **optometrists** who provide medical opinions to the Department of Revenue regarding the issuance, renewal, suspension, revocation, or cancellation of driver's licenses.
	Senate 42	Authorizes **dentists** to establish trusts for the purpose of insuring against workmen's compensation claims and against general public liability claims based upon acts or omissions, including claims based upon malpractice.
Connecticut	House 5218	Ensures that the rights of a purchaser of a hearing aid are protected by requiring that **hearing aid dealers** include the date of delivery on sale receipts and that they retain records for three years from the date of delivery and not the date of sale.
Georgia	House 156	Changes the scope of practice of **chiropractic**.
	House 962	Changes the conditions under which medical information shall be released by **physicians**.
	House 1159	Provides that **practitioners of the healing arts** who dispense drugs shall comply with all record-keeping and labeling requirements imposed upon **pharmacists** and **pharmacies**.

STATE	LAW NUMBER	SUMMARY
Georgia	House 1175	Provides for the continuation of the State Board of **Physical Therapy**; but provides for the later termination of that board and the repeal of the laws relating thereto.
	House 1176	Provides for the continuation of the State Board of **Examiners of Psychologists**; but provides for the later termination of that board and the repeal of the laws relating thereto.
	House 1526	Relating to **emergency medical services**, that first responders may be licensed without satisfying certain insurance requirements where the first responder is a municipality or county has not elected to waive its governmental immunity by purchasing vehicle liability insurance.
	House 1549	Extends immunity from liability for criminal records. Checks of **personal care home personnel** to county boards of health.
	House 1687	Provides for the licensing of level II **dental hygienists**; provides for educational requirements; provides for the supervision of dental hygienists and level II dental hygienists by licensed dentists; and for other purposes.
	House 1986	Relates to privileged communication in general, so as to provide a privilege for information concerning **veterinary** care; provides that records of veterinary care shall not be open to public inspection; and for other purposes.
	Senate 32	Provides for the certification and regulation of certain individuals engaged in **respiratory care**.
	Senate 267	Requires **pharmacists** to obtain continuing pharmaceutical education as a condition for renewing their pharmacist license; provides for approved correspondence courses and exemptions.
	Senate 302	Authorizes the Georgia Board of **Chiropractic** examiners to promulgate rules and regulations with respect to certain education requirements.

STATE	LAW NUMBER	SUMMARY
Hawaii	House 2053	Makes provisions governing **hearing aid dealers and fitters**. Makes remedies and penalties cumulative. Requires licensure of persons engaged in the sale or practice of dealing and fitting hearing aids. Makes provisions governing authorized board concerning: appointments, qualifications, terms, disciplinary powers, board proceedings, and hearing procedures.
	House 2113	Makes provisions governing the revocation of **dental** licenses for the filing of false information.
	House 2115	Authorizes the Board of **Nursing** to deny, revoke, limit, or suspend licenses for various specified causes.
	Senate 2063	Requires that applicants for licensing whose applications are based on graduation from a foreign university shall provide such information to establish that their formal education is equivalent to a doctoral degree in **psychology** granted by a regionally accredited U.S. university. Makes related provisions.
Idaho	House 471	Requires hospital medical staffs to report to the Idaho State Board of **Medicine** all disciplinary action against physicians including the monitoring of a physician's activities. Exclusion from the reporting requirement of disciplinary actions based on medical record requirements.
	House 597	Makes numerous provisions regarding **optometrists,** including references to: fees, the Board of Examiners, compensation, and related issues.
	House 598	Provides for immunity from liability and confidentiality of records for peer review committees created by the State Board of **Dentistry** and the Idaho State Dental Association.
	House 759	Increases the **emergency medical services** fee. Appropriates moneys to the Department of Health and Welfare for the Emergency Medical Services Program for fiscal year 1987.

STATE	LAW NUMBER	SUMMARY
Idaho	Senate 1218	Defines **dental specialist**. Provides for change in terminology. Provides for inclusion of a dental specialty. Provides for application for examination as a dental specialist and provides a fee for specialists. Provides for certificates of qualification. Provides for certain annual license fees.
	Senate 1428	Provides that the court may order the defendant to make certain payments to governmental entities before making **restitution to victims**. Provides that the definition of victim include unreimbursed health care providers. Prohibits the court from ordering more restitution than authorized. Provides a date from which restitution shall be due and allows the accrual of interest from the date of loss or injury. Authorizes payment to the court for distribution to the victims, mentions writs, and related issues.
Indiana	House 1131	Establishes a system for the licensing of **hospice program providers**.
	House 1153	Limits the scope of medical care that an **emergency medical technician** may provide.
	House 1314	Permits **physical therapists** to practice physical therapy upon the order or referral of a **podiatrist**.
	Senate 209	Changes the name of the state examining committee for **physical therapists** and **physical therapists assistants** to the Indiana Physical Therapy Committee and expands its numbers, powers and duties.
Kansas	House 2498	Provides for licensure of **occupational therapists** and **occupational therapy assistants** by the State Board of Healing Arts; establishes an occupational therapist council; declares certain acts to be unlawful; provides penalties for violations; and repeals the existing section.
	House 2533	Provides for licensure of **respiratory therapists** by the State Board of Healing Arts. Establishes a respiratory therapist council; declares certains acts to be unlawful; provides penalties for violation; and repeals the existing section.

STATE	LAW NUMBER	SUMMARY
Kansas	House 2663	Relates to the Kansas act on credentialing; concerning the procedure of credentialing of **health care personnel**.
	House 2725	Concerns certain township fire departments, relates to **rescue service** and **emergency care**.
	House 2729	Concerns the **pharmacy** act of the state of Kansas, relates to unprofessional conduct.
	House 2730	Concerns the licensing of **social workers**.
	House 2731	Authorizes the establishment of specialties within the practice of psychology and provides for endorsement of **psychologists** in such specialties.
	House 3015	Concerns **pharmacists**.
	House 3082	Concerns the board of **nursing**.
	House 3096	Provides for the licensing of **psychologists**.
	Senate 542	Concerns **emergency medical services**, relates to the demonstration program in manual cardiac defibrillation.
	Senate 737	Authorizes the board of **nursing** to fix, charge and collect fees for institutes, conferences and other educational programs offered by the board, creates the education conference fund.
Kentucky	House 224	Requires all licensed health facilities and services, and all **practitioners** of the **healing arts** to provide paying clients with an itemized statement of charges incurred during the patient's hospital stay.
	House 404	Requires a **hearing loss reporting** certificate to be filed with each birth certificate. Develops programs to identify infants who are at risk of having hearing impairments and requires follow-up programs to provide medical and educational services.

STATE	LAW NUMBER	SUMMARY
Kentucky	House 500	Expands the Board of **Medical Licensure** from seven to eleven; provides for optional liability insurance for employees of the board.
	House 606	Expands the practice of **speech-language pathology**; prohibits practice by unlicensed individuals; defines **audiologist and audiology** practice and limits such to licensed individuals.
	House 670	Permits fire protection districts or volunteer fire department districts to operate an **emergency ambulance service** under specified circumstances.
	House 888	Requires any policy of health insurance that provides for reimbursement for any service which is within the lawful scope of practice of a **chiropractor** to reimburse the insured for such services whether the services are performed by a **physician, osteopath** or **chiropractor**.
	Senate 104	Changes the definition of "practice of **optometry:** to include the use of pharmaceutical agents not limited to diagnostic pharmaceutical agents; deletes permission for optometrists to purchase pharmaceuticals for use.
	Senate 212	Authorizes the board of **podiatry** to elect one of its members as secretary; allows probation or imposition of a fine not to exceed $500 for each podiatry offense.
	Senate 291	Requires biennial renewal of inactive licensure status for **registered nurses** and **practical nurses**; requires a licensee to sign his license, retain it in his possession and exhibit it upon demand as specified.
	Senate 310	Limits the civil liability of a **psychotherapist** for the violent acts of mental patients being treated by him; makes privileged any communication between a psychotherapist and his client.

STATE	LAW NUMBER	SUMMARY
Maine	Law 2061	(S 816) Updates "The Law Regulating the Practice of **nursing**: to reflect contemporary nursing practice. Incorporates a broad definition of nursing to reflect current changes in health care. Also includes changes in future educational requirements for nurses to assure that future nurses have the breadth and depth of educational preparation that justify entrusting overall responsibility for nursing services to the judgment of the registered nurse.
	Law 2356	(H 1671) (H 1576) Strengthens the organization of **emergency medical services**.
Massachusetts	House 1431	Relates to the Board of Registration for **Speech-Language Pathology and Audiology**.
Michigan	House 4317	Changes definition of **emergency services** license and licensee references under public health code from part 203 to part 207.
Minnesota	Senate 1619	Creates a civil cause of action for sexual exploitation of patients by **psychotherapists**. Defines a psychotherapist as a physician, psychologist, nurse, chemical dependency counselor, social worker, member of the clergy or other person who performs psychotherapy. Defines psychotherapy, sexual contact. Allows punitive damages, including creating employer liability. Sets a seven-year statute of limitations and makes other provisions.
	Senate 1919	Relates to the **patient's Bill of Rights**. Defines a patient; requires every acute care in-patient facility, non-acute care facility and every facility employing more than two people that provides out-patient mental health services have a written internal grievance procedure.
Mississippi	House 779	Provides for the licensure and regulation of dietitians and **nutritionists** by the Mississippi State Department of Health; creates and empowers a Mississippi council of advisors in dietetics and nutrition.

STATE	LAW NUMBER	SUMMARY
Mississippi	House 1219	An Act making an appropriation from special funds in the state treasury for the purpose of defraying the expenses of the State Board of **Medical Licensure** for the fiscal year 1987.
	House 1221	An Act making an appropriation from special funds in the state treasury for the purpose of defraying the expenses of the Mississippi Board of **Nursing** for the fiscal year 1987.
	House 1227	Makes an appropriation from special funds in the State Treasury for the purpose of defraying the expenses of the State Board of **Optometry** for the fiscal year 1987.
	House 1230	Makes an appropriation from special funds in the State Treasury for the purpose of defraying the expenses of the Mississippi **Physical Therapy** Board for the fiscal year 1987.
	House 1234	Approves the expenditure of special funds for the purpose of defraying the expenses of the Mississippi State Board of **Psychological Examiners** for the fiscal year 1987.
	Senate 2866	An Act making an appropriation to the Mississippi State Board of **Chiropractic Examiners** for fiscal year 1987.
North Carolina	House 1131	Rewrites the **Physical Therapy** Practice Act. (Ratified)
Nebraska	Law 131	Changes provisions relating to the use of **topical ocular pharmaceutical agents**; changes provisions on certain license renewals; eliminates a definition and repeals the original sections.
	Law 267	Provides for the registration of **dental assistants** as prescribed; defines terms; provides for an additional appointment to the Board of Examiners in Dentistry. Harmonizes provisions, provides penalties and repeals the original sections.
	Law 277	Relates to health care; adopts the **Respiratory Care** Act.
	Law 438	Adopts the **Dental Anesthesia** Act.

STATE	LAW NUMBER	SUMMARY
Nebraska	Law 579	Adopts the **Licensed Professional Counselor** Act; provides for the disposition of certain fees and repeals the original.
	Law 701	Relates to **public health and welfare**; redefines terms; renames a board and changes its membership. Changes provisions relating to hearing aids or instruments and dispensers of such aids or instruments. Eliminates a provision relating to issuing a license without examination; harmonizes provisions; and repeals the original sections.
New Hampshire	House 320	Allows a **registered nurse** to fill out a death certificate, including fetal and sudden death certificates.
New York	Assembly 9779	Establishes an additional demonstration period for treatment by **physicians** who are thought to be suffering from alcoholism, drug abuse or mental illness; reviewed by a physician committee of the state medical society of the state osteopathic society; period to run from April 1, 1986 to March 31, 1989; requires such committees to make reports to the commissioner of health, the division of alcoholism and division of substance abuse services; further extends provisions of Chapter 582/84 until March 31, 1989.
Oklahoma	House 1798	Provides for licensing fees as determined by the State Board of **Osteopathic Examiners** to be sufficient to cover the cost and expense incurred by the board for processing applications.
	Senate 509	Allows members of the Teacher's Retirement System to receive credit for service as certified school **psychologist** or **psychometrist**; directs State Board of Education to recognize psychologist's or psychometrist's years of state agency experience for certification and salary purposes.
	Senate 525	Modifies course work requirements for licensed professional **counselors**.

STATE	LAW NUMBER	SUMMARY
South Carolina	House 2958	Relates to **dentists, dental hygienists,** and **dental technicians,** so as to change the reference to Council on Dental Education of the American Dental Association to the Commission on Dental Accreditation, to also define the practice of dentistry to include anyone who owns or leases an establishment of any kind in which dental services are performed; to permit dental assistants and hygienists to take impressions under supervision of a dentist; to permit dentists to advertise; makes other changes.
Tennessee	House 1916	Provides for non-renewal of licenses by certain retired health professionals; increases certain fees.
	Senate 374	Enacts the "**Respiratory Care** Practitioner Act of 1985."
	Senate 1900	Makes patient and **psychiatrist** communications privileged to same extent as attorney and client relations.
Utah	House 87	Repeals the Division of Occupational and Professional Licensing's continuing education requirements for **physicians.**
	House 180	Limits the authority of the State Board of **Nursing** in establishing educational requirements for nurses to certain specified levels.
	Senate 19	Amends the **medical practice** act, and changes the minimum voting requirement of the physicians licensing board.
	Senate 134	Provides civil penalties for violations of the **Radiation Control Program.**
Virginia	House 252	Relates to Membership of Board of **Psychologists.** Requires that two members be licensed by Board of Medicine as well as licensed as psychologists.
	House 369	Clarifies the Board of **Veterinary Medicine**'s authority to institute disciplinary actions and provides authority for the Board to meet to summarily suspend credentials by telephone conference call in the event a quorum cannot be assembled.

STATE	LAW NUMBER	SUMMARY
Virginia	House 444	Relates to **physician's interest in physical therapy facilities**. Requires disclosure before making referral.
	House 463	Allows the **Board of Medicine** and the **Board of Nursing** to grant provisional certification to **nurse practitioners** pending the outcome of the next National Specialty Examination.
	House 470	Modifies exemption for government employees by requiring that they meet criteria for licensure in **behavioral science professions**; exempts school psychologists.
	House 480	Repeals provisions creating civil and criminal penalties involving **medical referrals** for profit.
	House 495	Allows **dental hygienists** to practice under the "direction" rather than "direct supervision" of dentists.
	House 612	Devises the membership of the Board of **Professional Counselors** to accommodate the abolition of the Substance Abuse Certification Board.
	House 769	Relates to **hearing aid dealers**; removes exemption for physicians.
	Senate 212	Authorizes **laboratory technicians** trained by licensed neuropathologists to recover the brain and provides technical amendments.
	Senate 214	Provides for the issuance of temporary licenses to **interns** and **residents** in hospitals.
	Senate 284	Establishes a system for early identification and monitoring of infants at risk of **hearing impairment** or having **hearing loss**.
	Senate 333	Relates to definitions used in the regulation of **physicians**. Redefines the "practice of **podiatry**."

STATE	LAW NUMBER	SUMMARY
Virginia	Senate 347	Relates to **license revocation, suspension or denial** by Commissioner of Mental Health and Mental Retardation. Conforms procedures for action on licenses to Administrative Process Act.
	House 131	Revises the regulation of **podiatry, chiropractic, dental hygiene, dentistry, dispensing opticians, drugless healing, embalmers** and **funeral directors, midwifery, optometry, ocularists, osteopathy, occupational therapy, physicians** and **physician's assistants, emergency medical technicians, practical nurses, psychology, registered nurses,** and **veterinary.** Establishes the uniform disciplinary act which governs the issuance and denial of licenses and the discipline of licensees for these health-related professions. Revises the definition of particular professions; board duties and disciplinary powers, advertising rules, fee schedule; revises complaint procedures.
	House 1495	Permits **health care assistants** to perform in certain functions. Authorizes specific activities under professional supervision.
	House 1776	Requires the Secretary of the Department of Social and Health Services, in conjunction with the State **Emergency Medical Services** Committee, to evaluate, certify, and terminate certification of medical program directors and prescribe minimum standards. Declares an emergency and takes effect immediately.
	House 1950	Revises provisions on **medical practice**. Provides that the assistant Attorney General assigned to the Washington State Medical Disciplinary Board, shall be subject to the continuing approval of the Board. Requires a licensed health-care professional to report to the Board when he or she has personal knowledge that a practicing physician may be unable to practice medicine with reasonable skill and safety to the patient.
	Senate 4529	Revises **registered nurse** privileged communications provisions.

STATE	LAW NUMBER	SUMMARY
Virginia	Senate 4535	Authorizes **licensed health care professionals** to organize a nonprofit nonstock corporation to provide professional services. Integrates nonprofit corporation and professional service corporation provision of the code. Changes provisions regarding the amendment of articles of incorporation.
	Senate 4949	Requires an approved list for inspections by **health care assistants**. Mandates the Director of Licensing to establish minimum requirements for every health care assistant specialty. Requires that a list be maintained of the specific medications, diagnostic agents, and the authorized routes of administration.
Wisconsin	Assembly 256	Authorizes a **physical therapist** to practice without the referral of a physician, dentist or podiatrist.
	Assembly 776	Relates to penalties for sexual exploitation of a client by a **therapist**.
	Senate 285	Revises statutes governing the **pharmacy board**.
Wyoming	House 40	Prohibits the filing of a **medical malpractice** claim in a court until the claim has been reviewed by a medical review panel, provides that the decision of the panel is not binding on the parties and provides for selection of its members. Authorizes the Governor to appoint a panel director, establishes procedures for review of claims, provides definitions and grants rulemaking authority.
	House 68	Amends the definition of "**medical assistance**" of the Medical Assistance and Services Act of 1967, to include payments to licensed dentists for provisions of specified services.
	House 108	Authorizes state payments for **mental health services** in specified instances and provides definitions.
	Senate 2	Exempts allied **dental professionals** who expose radiographs for dental diagnosis from licensure.

STATE	LAW NUMBER	SUMMARY
Wyoming	Senate 14	Continues a qualification exemption for **advanced practitioners of nursing** past July 1, 1985, for those practitioners licensed prior to July 1, 1983.

CHAPTER IV

MAJOR COURT DECISIONS ON HEALTH PROFESSIONS REGULATION IN 1985

MAJOR COURT DECISIONS ON HEALTH PROFESSIONS REGULATION IN 1985

STATE	CITATION	SUMMARY
California	Yellen v. Board of Medical Quality Assurance, 220 Cal. Rptr. 426 (CA App Z Dist. 1985)	Burden of proof in administrative proceedings involving revocation or suspension of professional license is clear and convincing proof of reasonable certainty.
Florida	Lazarus v. Department of Professional Regulation, 461 So. 2d. 1022 (FL App. 3 Dist. 1985)	Order of Medical Boards suspending medical license failed to comply with statutory requirement that it give reasons for increasing penalty recommended by hearing examiner.
	Boedy v. Department of Professional Regulation, 463 So. 2d. 215 (FL 1985)	Right of a properly qualified and licensed individual to practice medicine is not absolute, as it is subject to regulation under the police power of the state.
	Mercy Hospital v. Department of Professional Regulation, 467 So. 2d. 1058 (FL 1985)	Hospital's patient records are confidential and not subject to disclosure without consent when suspended by Department of Professional Regulation in a disciplinary hearing.
Idaho	Manners v. State Board of Veterinary Medicine, 694 P. 2d. 1298 (ID 1985)	Felony conviction which was later dismissed after entry of not guilty plea pursuant to statute allowing such a plea after successful completion of probation, cannot be the basis for revocation of veterinary license.
Indiana	State Ex. Rel Medical Licensing Board v. Brady, 492 N.E. 2d 34 (Ind. App. 1 Dist. 1986)	State has authority, through legislation, to define what constitutes the practice of medicine and this will not be distributed by the judiciary absent constitutional problems.
Louisiana	Harper v. Louisiana State Board of Nursing, 484 So. 2d 857 (LA. App. 1 Cir. 1986)	State Nursing statute which authorizes board to suspend the license of a "nurse who is unfit or incompetent" is not unconstitutionally overbroad or vague.

STATE	CITATION	SUMMARY
Maine	Board of Registration in Medicine v. Fiorica, 488 A.2d 1371 (ME 1985)	A physician's guilty plea of solicitation to commit arson is sufficient for the board to to revoke his license.
	Stone v. Board of Registration in Medicine, 503 A.2d 222 (ME 1986)	Graduate of a Carribean medical school was entitled to a permanent license provided he fulfilled other requirements under the state statute, and medical school in which he graduated was not required to meet guidelines for accreditation.
Massachusetts	Camascio v. Board of Registration, 476 N.E. 2d 569 (MA 1985)	Lack of probable cause by board to investigate podiatrist is not relevant if podiatrist received proper notice and a proper hearing.
Michigan	Sillery v. Board of Medicine, 378 N.W. 2d 570 (MI App. 1985)	State statute allowing board to discipline licensee for negligence was specific enough to give notice of type of conduct which was being proscribed.
Minnesota	Dragnosky v. Minnesota Board of Psychology, 367 N.W. 2d 521 (MN 1985)	Board may use some other agency to verify agency educational standards of schools that its applicants have attended.
	Matter of Schultz, Etc., 375 N.W. 2d 509 (MN App. 1985)	The general burden of proof for administrative hearings is by a preponderance of the evidence unless substantive law provides otherwise.
Mississippi	Rayburn v. State Board of Dental Examiners, 601 F. Supp. 537 (1985)	State law is not unconstitutional through its process of creating a board composed of dentists who are publicly opposed to the practice of denturism because the board's jurisdiction doesn't include denturist.
Missouri	Holmes v. Missouri Dental Board, 703 S.W. 2d 11 (MO App. 1985)	There is no abuse when the Missouri Board of Dentistry revokes a license because the Tennessee Board of Dentistry had previously revoked the license for unprofessional conduct.

STATE	CITATION	SUMMARY
Nebraska	Morris v. Wright, 381 N.W. 2d 139 (NE 1986)	Power of the Board to reconsider its decision exists only until licensee institutes judicial review or statutory time for such review has expired.
Nevada	Potter v. State Board of Medical Examiners, 705 P. 2d. 132 (NV 1985)	A license is a valuable property right and can only be revoked if a majority of the board votes to do so. A split vote is not enough to revoke a license.
New Jersey	Valdes v. New Jersey State Board of Medical Examiners, 501 A.2d 166 (NJ Super. A.D. 1985)	The 14th Amendment does not provide a right to a hearing before issuance or denial of a medical license. Due process is not violated in that individual has a mere expectation in a property interest.
South Carolina	Toussaint v. State Board of Medical Examiners, 329 S.E. 2d 433 (SC 1985)	Statute requiring membership in a private medical association as a prerequisite to membership on the board is an unconstitutional delegation of powers to private organizations.
South Dakota	Zar v. South Dakota Board of Examiners of Psychologists, 376 N.W. 2d 54 (S.D. 1985)	The board is empowered to determine its own jurisdiction in a hearing to discipline a licensee.
	Nelson v. Palmquist, 363 N.W. 2d 570 (S.D. 1985)	Fact that phony patient was hired by President of Board of Chiropractic Examiners did not preclude a finding that defendant was operating without a license.
Texas	Texas State Board of Medical Examiners v. Guice, 704 S.W. 2d (TX App. 13 Dist. 1986)	Defense of entrapment is not applicable to a civil proceeding by the board in determining revocation of license, when boards investigators misrepresent their identity.

CHAPTER V

STATE REGULATION OF DENTISTS

DENTIST

Type of State Regulation

As Table V-1 indicates all 50 states plus Puerto Rico and the District of Columbia regulate dentists through licensure.

Scope of Practice

All jurisdictions follow a similar format in their laws governing scope of practice. The only variance occurs in the use of topical or local anesthetics and the taking and interpreting of X-rays. Although a majority of states allow dentists to administer anesthesia, there are twelve states that require dentists to possess a permit or extra training in order to administer anesthetics. Tennessee stands alone in its prohibition of topical anesthetic use by a dentist. Eleven states make no mention of the permitted use of anesthesia by dentists.

The vast majority of states permit dentists to make X-rays. Pennsylvania prohibits this function, while the laws in some states do not mention the function.

Nebraska dental laws give a scope of practice that is similar to the majority of state laws:

> Any person shall be deemed to be practicing dentistry who:
>
> 1. Performs, or attempts or professes to perform, any dental operation or oral surgery or dental service of any kind, gratuitously or for a salary, fee, money, or other remuneration paid, or to be paid directly or indirectly, to himself or to any other person or agency who is a proprietor of a place where dental operations, oral surgery, or dental services are performed;
> 2. Directly or indirectly, by any means or method, takes impression of the human tooth, teeth, jaws, or performs any phase of any operation incident to the replacement of a part of a tooth;
> 3. Supplies artificial substitutes for the natural teeth, or who furnishes, supplies, constructs, reproduces, or repairs any prosthetic denture, bridge, appliance, or any other structure to be worn in the human mouth, except on the written work authorization of a duly licensed and registered dentist.
> 4. Places such appliance or structure in the human mouth, or adjusts or attempts or professes to adjust the same, or delivers the same to any person other than the dentist upon whose work authorization the work was performed;

5. Professes to the public by any method to furnish, supply, construct, reproduce, or repair any prosthetic denture, bridge, appliance, or other structure to be worn in the human mouth;

6. Diagnoses, or professes to diagnose, prescribe for, or professes to prescribe for, treats, or professes to treat, disease, pain, deformity, deficiency, injury, or physical condition of the human teeth or jaws, or adjacent structures;

7. Extracts, or attempts to extract, human teeth, or corrects or attempts to correct, malformations of teeth or of the jaws;

8. Repairs or fills cavities in human teeth;

9. Diagnoses, makes and adjusts appliances to artificial casts or malposed teeth for treatment of the malposed teeth in the human mouth, with or without instruction;

10. Uses a roentgen or X-ray machine for the purpose of taking dental X-rays or roentgenograms;

11. Gives, or professes to give, interpretations or readings of dental X-rays or roentgenograms;

12. Administers an anesthetic of any nature in connection with a dental operation;

13. Uses the words dentist, dental surgeon, oral surgeon, or the letters D.D.S., D.M.D., or any other words, letters, title, or a descriptive matter which in any way represents him as being able to diagnose, treat, prescribe, or operate for any disease, pain, deformity, deficiency, injury, or physical condition of the teeth or jaws or adjacent structures; or

14. States, or professes, or permits to be stated or professed by any means or method whatsoever, that he or she can perform or will attempt to perform dental operations, or render a diagnosis connected therewith.

A very few states follow a similar format to that of Iowa in its definition of dentistry which is very general in nature:

> "Practice of dentistry" defined. For the purposes of this title the following classes of persons shall be deemed to be engaged in the practice of dentistry:
>
> 1. Persons publicly professing to be dentists, dental surgeons, or skilled in the science of dentistry, or publicly professing to assume the duties incident to the practice of dentistry.

2. Persons who treat or attempt to correct by any medicine, appliance, or method, any disorder, lesion, injury, deformity, or defect of the oral cavity, teeth, gums, or maxillary bones of the human being, or give prophylactic treatment to any of said organs.

Composition of State Regulatory Bodies and Functions

All 50 states, the District of Columbia and Puerto Rico utilize a board of dentistry as the regulating body over the profession, although the titles of the boards differ. Dentists are in the majority on state boards. The majority of states (36 of 52) also have public members on the board. See Table V-2 for complete details.

Almost every state utilizes the board as the body that issues the licenses and promulgates rules and regulations. Of those that do not, four utilize their governing departments, and one promulgates rules through the mayor. The power to approve and accredit education programs is either given to the board or the governing department. Many boards depend on accreditation by the American Dental Association and automatically approve and accredit educational programs accredited by the ADA. The District of Columbia gives the power to the mayor, and Puerto Rico gives it to the Council on Higher Education. For complete information see Table V-3.

All states give the regulating body the power to suspend or revoke a license. Other disciplinary sanctions are listed in Table V-4.

A majority of the states administer a written examination through the regulating body. A vast majority of the states require a practical examination as well, and about half give or may give an oral examination to their applicants. See Table V-5 for complete details.

Requirements for Licensure

All jurisdictions require that an applicant for license complete a course of study in dentistry. Almost all states include a provision that applicants possess a "good moral character" and a minimum age between 18 and 21. See Table V-6 for complete information.

Fee Schedule

The various levels of fee payments for licensure application renewal and other categories are given in Table V-7.

Interstate Recognition of Credentials

More states require reciprocal arrangements with other states before license recognition (23 of 52) than endorse the license of dentists from other states (19 of 52). The states that do not include either provision usually require that those dentists transferring into the state take an examination and meet all other requirements for initial licensure applicants. For requirements regarding endorsement and reciprocity see Table V-8.

Continuing Education Requirements

Fewer than a quarter of the states (12 of 52) require a certain number of continuing education hours for license renewal while five states permit continuing education requirements to be adopted. The extent of this education is explained in Table V-9.

TABLE V-1

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DENTIST

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
ALABAMA	Licensure	Code of Alabama 34-9-1 et seq.
ALASKA	Licensure	AS 08.36.100
ARIZONA	Licensure	ARS 32-1231 et seq.
ARKANSAS	Licensure	ASA 72-540
CALIFORNIA	Licensure	Dental Practice Act sec 1701(f)
COLORADO	Licensure	CRS 12-35-109
CONNECTICUT	Licensure	CGS 20-106
DELAWARE	Licensure	DCA sec 1122 et seq.
FLORIDA	Licensure	FS 466.011
GEORGIA	Licensure	OCG 43-11-76
HAWAII	Licensure	HRS 448.2
IDAHO	Licensure	IC 54-903
ILLINOIS	Licensure	111 IRS 2206
INDIANA	Licensure	IC 25-14-1-1
IOWA	Licensure	IC 153.17
KANSAS	Licensure	KSA 65-1421
KENTUCKY	Licensure	KRS 313.020
LOUISIANA	Licensure	LRS 37-761
MAINE	Licensure	MRSA 1084
MARYLAND	Licensure	ACM 4-301
MASSACHUSETTS	Licensure	CMR 2:01:7
MICHIGAN	Licensure	333.16611
MINNESOTA	Licensure	MS 150A.06
MISSISSIPPI	Licensure	MCA 73-9-1
MISSOURI	Licensure	OSR 110-2.020 (1)
MONTANA	Licensure	MCA 37-4-101 et seq.
NEBRASKA	Licensure	RS 71-102 et seq.
NEVADA	Licensure	NRS 631.005 et seq.
NEW HAMPSHIRE	Licensure	NHSA 317-A1 et seq.
NEW JERSEY	Licensure	Sec. 45:6-13
NEW MEXICO	Licensure	Art. 2 Sect. 201 of Den. Prac.
NEW YORK	Licensure	CLNYA 6602
NORTH CAROLINA	Licensure	GSNC 90-29
NORTH DAKOTA	Licensure	NDCC 43-28-10
OHIO	Licensure	ORCA 4715.09

TABLE V-1

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DENTIST

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
OKLAHOMA	Licensure	Dental Practice Act sec. 21
OREGON	Licensure	ORS 679.025
PENNSYLVANIA	Licensure	63 PS 129
RHODE ISLAND	Licensure	GLRI 5-31-1.1
SOUTH CAROLINA	Licensure	CLSC 40-15-100
SOUTH DAKOTA	Licensure	SDCL 36-6-13
TENNESSEE	Licensure	TCA 63-5-167
TEXAS	Licensure	Dental Practice Act sec. 4548
UTAH	Licensure	UCA 58-7-6
VERMONT	Licensure	VSA 801 et seq.
VIRGINIA	Licensure	VC 54-168
WASHINGTON	Licensure	RCW 18-32-090
WEST VIRGINIA	Licensure	WVC 30-4-5
WISCONSIN	Licensure	WSA 447.02
WYOMING	Licensure	WS 33-15-108
DISTRICT OF COLUMBIA	Licensure	Title V-Sec.501
PUERTO RICO	Licensure	Dental Practice Act 20 sec 94

Source: HPLIS/Council of State Governments; December 31, 1985

TABLE V-2

DENTIST

COMPOSITION OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
ALABAMA	Bd. of Dental Examiners	5	0	0	5
ALASKA	Bd. of Dental Examiners Dept. of Commerce & Economic Dev.	4	2	1a	7
ARIZONA	St. Dental Bd	5	3	1a	9
ARKANSAS	St. Bd. of Dental Examiners	5	1	1a	7
CALIFORNIA	Bd. of Dental Examiners Dept. of Consumer Affairs	8	4	0	12
COLORADO	St. Bd. of Dental Examiners	5	1	2a	8
CONNECTICUT	St. Dental Commission	5	3	1a	9
DELAWARE	St. Bd. of Dental Examiners	5	0	0	5
FLORIDA	Bd. of Dentistry	6	2	1a	9
GEORGIA	Bd. of Dentistry	9	1	1a	11
HAWAII	Bd. of Dental Examiners	8	2	1a	11
IDAHO	St. Bd. of Dentistry	5	1	1a	7
ILLINOIS	Dental Examining Committee Dept. of Registration & Education	8	0	1a	9
INDIANA	St. Bd. of Dental Examiners	9	1	1a	11
IOWA	Bd. of Dental Examiners	5	2	2a	9
KANSAS	Dental Board	3	1	1a	5
KENTUCKY	Bd. of Dentistry	7	1	1a	9
LOUISIANA	St. Bd. of Dentistry	9	0	1a	10
MAINE	Bd. of Dental Examiners	5	1	1a	7
MARYLAND	Bd. of Dental Examiners	9	2	1a	12
MASSACHUSETTS	Board of Reg. in Dentistry	6	1	1	8

TABLE V-2

DENTIST

COMPOSITION OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
MICHIGAN	Bd. of Dentistry	7	2	4b	13
MINNESOTA	Bd. of Dentistry	5	2	2c	9
MISSISSIPPI	St. Bd. of Dental Examiners	7	0	1a	8
MISSOURI	Missouri St. Dental Board	5	1	1a	7
MONTANA	Bd. of Dentistry	5	1	1a	7
NEBRASKA	Bd. of Examiners in Dentistry	6	1	1a	8
NEVADA	Bd. of Dental Examiners	7	1	2a	10
NEW HAMPSHIRE	Bd. of Dental Examiners	5	1	1a	7
NEW JERSEY	State Board of Dentistry	8	0	0	8
NEW MEXICO	Board of Dentistry	5	1	1a	7
NEW YORK	St. Bd. for Dentistry	13d	0	2	15d
NORTH CAROLINA	St. Bd. of Dental Examiners	6	1	1a	8
NORTH DAKOTA	St. Bd. of Dental Examiners	5	0	1a	6
OHIO	St. Dental Board	5	1	1a	7
OKLAHOMA	Bd. of Governors of the Registered Dentist of OK	8	2	1a	11
OREGON	Bd. of Dentistry	5	1	2a	8
PENNSYLVANIA	St. Dental Council & Exam. Bd. Dept. of State	7	2	1a	10
RHODE ISLAND	Bd. of Examiners in Dentistry	3	0	1a	4
SOUTH CAROLINA	Bd. of Dentistry	7	1	1a	9
SOUTH DAKOTA	Bd. of Dentistry	5	1	1a	7
TENNESSEE	Bd. of Dentistry	6	0	0	6

TABLE V-2

DENTIST

COMPOSITION OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
TEXAS	St. Bd. of Dental Examiners	9	3	0	12
UTAH	St. Dental Committee	5	1	1a	7
VERMONT	St. Bd. of Dental Examiners	5	2	2a	9
VIRGINIA	Bd. of Dental Examiners	6	0	1a	7
WASHINGTON	Bd. of Dental Examiners	9	0	0	9
WEST VIRGINIA	Bd. of Dental Examiners	5	0	0	5
WISCONSIN	Bd. of Dental Examiners	5	1	1a	7
WYOMING	Bd. of Dental Examiners	5	0	1a	6
D.C.	Bd. of Dentistry	5	1	1a	7
PUERTO RICO	Bd. of Dental Examiners	5	0	0	5

Source: HPLIS/Council of State Governments; December 31, 1985

KEY:

a All other members are dental hygienists
b Two of the other members are dental hygienists and two are dental assistants
c One of the other members is a dental hygienist and one is a dental assistant
d There will be no fewer than this number
e Organized by provision of Adm. Code P.S. 51 et. seq.

TABLE V-3 Page 1 of 2

DENTIST

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
ALABAMA	Board	Board	Board
ALASKA	Board	ADA	Board
ARIZONA	Board	Board	Board
ARKANSAS	Board	ADA	Board
CALIFORNIA	Board	Board	Board
COLORADO	Board	ADA	Board
CONNECTICUT	Board	ADA	Board
DELAWARE	Board	Board	Board
FLORIDA	Board	ADA	Board
GEORGIA	Board	Board	Board
HAWAII	Board	ADA	Board
IDAHO	Board	ADA	Board
ILLINOIS	Dept. of Reg. & Education	Department	Department
INDIANA	Board	ADA	Board
IOWA	Board	Board	Board
KANSAS	Board	ADA	Board
KENTUCKY	Board	ADA	Board
LOUISIANA	Board	Board	Board
MAINE	Board	Board	Board
MARYLAND	Board	Board	Board
MASSACHUSETTS	Board	ADA	Board
MICHIGAN	Board	Dept.of Lic. & Regulation	Board
MINNESOTA	Board	ADA	Board
MISSISSIPPI	Board	ADA	Board
MISSOURI			
MONTANA	Board	ADA	Board
NEBRASKA	Dept. of Health	ADA	Department
NEVADA	Board	ADA	Board
NEW HAMPSHIRE	Board	ADA	Board
NEW JERSEY	Board	Board	Board
NEW MEXICO	Board	Board or ADA	Board
NEW YORK	Dept. of Educ.	Department	Commer. of Educ.
NORTH CAROLINA	Board	ADA	Board
NORTH DAKOTA	Board	Board	Board
OHIO	Board	ADA	Board

TABLE V-3

DENTIST

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
OKLAHOMA	Board	ADA	Board
OREGON	Board	ADA	Board
PENNSYLVANIA	Board	ADA	Board
RHODE ISLAND	Board	ADA	Board
SOUTH CAROLINA	Board	ADA	Board
SOUTH DAKOTA	Board	ADA	Board
TENNESSEE	Board	ADA	Board
TEXAS	Board	ADA	Board
UTAH	Div. of Reg.	Div. of Reg.	Div. of Reg.
VERMONT	Board	ADA	Board
VIRGINIA	Board	ADA	Board
WASHINGTON	Board	ADA	Board
WEST VIRGINIA	Board	Board	Board
WISCONSIN	Board	ADA	Board
WYOMING	Board	ADA	Board
D.C.	Board	Mayor	Mayor
PUERTO RICO	Board	Council on Higher Educ.	Board

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

Board or Department listed for each state refers to the board and departments listed by state in Table V-2.

ADA = American Dental Association.

TABLE V-4 Page 1 of 2

DENTIST

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUS-PEND	RE-VOKE	RESTRICT LICENSE	CEN-SURE	REPRI-MAND	PRO-BATE	FINE	OTHER
ALABAMA	x	x						
ALASKA	x	x	x	x	x	x		
ARIZONA	x	x	x	x		x	$2000	a,b
ARKANSAS	x	x				x	$1000	
CALIFORNIA	x	x	x		x	x		a
COLORADO	x	x		x	x	x		
CONNECTICUT	x	x	x	x	x	x	$1000	a
DELAWARE	x	x						
FLORIDA	x	x	x		x	x	$1000	
GEORGIA	x	x	x		x			c
HAWAII	x	x						
IDAHO	x	x						
ILLINOIS	x	x						
INDIANA	x	x	x	x	x	x		
IOWA	x	x						
KANSAS	x	x	x			x		
KENTUCKY	x	x						
LOUISIANA	x	x	x			x		d
MAINE	x	x				x		e
MARYLAND	x	x			x	x		
MASSACHUSETTS	x	x	x		x		$1000	h
MICHIGAN	x	x	x		x	x	x	
MINNESOTA	x	x						
MISSISSIPPI	x	x					$5000	
MISSOURI	x	x		x	x	x		
MONTANA	x	x	x	x	x	x		
NEBRASKA	x	x	x	x	x	x		
NEVADA	x	x					x	
NEW HAMPSHIRE	x	x			x			
NEW JERSEY	x	x		x	x			d
NEW MEXICO	x	x		x	x	x		
NEW YORK	x	x	x	x	x	x	$10000	a,f,g
NORTH CAROLINA	x	x		x		x		d
NORTH DAKOTA	x	x						
OHIO	x	x		x		x		

TABLE V-4 Page 2 of 2

DENTIST

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUS-PEND	RE-VOKE	RESTRICT LICENSE	CEN-SURE	REPRI-MAND	PRO-BATE	FINE	OTHER
OKLAHOMA	x	x			x	x		
OREGON	x	x	x			x	$1000	d
PENNSYLVANIA	x	x						
RHODE ISLAND	x	x						
SOUTH CAROLINA	x	x						
SOUTH DAKOTA	x	x	x	x	x	x		
TENNESSEE	x	x					$500	d
TEXAS	x	x			x	x		
UTAH	x	x						
VERMONT	x	x						d
VIRGINIA	x	x					$500/ $1000	
WASHINGTON	x	x						
WEST VIRGINIA	x	x						
WISCONSIN	x	x	x		x			
WYOMING	x	x						
D.C.	x	x			x	x	$5000	a,c
PUERTO RICO	x	x					$125/ $500	i

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

x Indicates board/dept. may utilize the sanction
a Board can require additional training or continuing education
b Board can subject the practitioner to peer review
c Board can require counseling or treatment
d Board can impose other disciplinary sanctions
e Board can seek a voluntary surrender of the license
f Board can require the licensee to perform up to 100 hours of public service
g Board can annul the license
h Imprisonment for 6 months
i Imprisonment for subsequent offenses from a minimum 6 months to 2 years maximum

TABLE V-5

DENTIST

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	PRACTICAL	VERBAL
ALABAMA	a or Board	Yes	
ALASKA	a	Yes	
ARIZONA	a or Board	b	
ARKANSAS	a	Yes	Yes
CALIFORNIA	a or Board	Yes	Yes
COLORADO	Board	Yes	Yes
CONNECTICUT	a	Yes	
DELAWARE	a or Board	Yes	May
FLORIDA	a	Yes	
GEORGIA	a	Yes	May
HAWAII	a	Yes	May
IDAHO	a	Yes	
ILLINOIS	a or Board	Yes	
INDIANA	a and c	Yes	
IOWA	a	b	
KANSAS	a or Board and c	Yes	
KENTUCKY	a or Board	Yes	
LOUISIANA	a	Yes	
MAINE	a	Yes	May
MARYLAND	Board		
MASSACHUSETTS	a or Board	Yes	May
MICHIGAN	a	b	
MINNESOTA	a	b	
MISSISSIPPI	a or Board	Yes	May
MISSOURI	a or b	b	
MONTANA	a and c	b	Yes
NEBRASKA	a or Board	Yes	
NEVADA	a or Board	Yes	
NEW HAMPSHIRE	a	b	
NEW JERSEY	a or Board	May	Yes
NEW MEXICO	c*	Yes	*
NEW YORK	a or Board	b	
NORTH CAROLINA	a	Yes	May
NORTH DAKOTA	a or Board	Yes	
OHIO	a or Board	Yes	May

TABLE V-5

DENTIST

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	PRACTICAL	VERBAL
OKLAHOMA	a or Board	Yes	
OREGON	a or Board	b	May
PENNSYLVANIA	a and c	b	
RHODE ISLAND	a or Board	b	May
SOUTH CAROLINA	Board	b	May
SOUTH DAKOTA	a	b	Interview
TENNESSEE	a or Board	b	May
TEXAS	a	Yes	May
UTAH	Div. of Regist.	Yes	May
VERMONT	a and c	b	Interview
VIRGINIA	a	b	
WASHINGTON	a	Yes	
WEST VIRGINIA	a or Board	Yes	
WISCONSIN	a or Board	b	
WYOMING	a or Board	Yes	
DISTRICT OF COLUMBIA	Board		
PUERTO RICO	a or Board	Yes	

Source: HPLIS/Council of State Governments; December 31, 1985

KEY:

a National Board of Dental Examiner's written examination is used for the theory portion of the examination
b A regional examining agency is used to test the practical portion of the exam. There are various regional agencies which administer this portion of the examination, including: Central, Northeast, Northwest
c The state requires the applicant take a jurisprudence examination

* The test can be either written or verbal

TABLE V-6

Page 1 of 2

DENTIST

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	MORALS	INTERN-SHIP	AGE	U.S. CITIZENSHIP	STATE RESIDENCY
ALABAMA	a	b		19		
ALASKA	a					
ARIZONA	a	b				
ARKANSAS	a	b		21		
CALIFORNIA	a			18		
COLORADO	a	b		21		
CONNECTICUT	a					
DELAWARE	a	b	1 yr.			
FLORIDA	a			18		
GEORGIA	a	b		21		
HAWAII	a			18		
IDAHO	a	b				
ILLINOIS	a				c	
INDIANA	a and d					
IOWA	a					
KANSAS	a	b		21		
KENTUCKY	a	b		18		
LOUISIANA	a				yes	
MAINE	a			18		
MARYLAND	a	b		18		
MASSACHUSETTS	a	b		21		
MICHIGAN	a	b		18	yes	
MINNESOTA	a	b				
MISSISSIPPI	a	b		18	yes	
MISSOURI						
MONTANA	a	b				
NEBRASKA	a	b				
NEVADA	a	b		21	e	
NEW HAMPSHIRE	a	b		18		
NEW JERSEY	a,d,h	b		21		
NEW MEXICO	a				c	
NEW YORK	a	b		21	e	
NORTH CAROLINA	a	b		18		
NORTH DAKOTA	a	b				
OHIO	a	b		18		

TABLE V-6 Page 2 of 2

DENTIST

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	MORALS	INTERNSHIP	AGE	U.S. CITIZENSHIP	STATE RESIDENCY
OKLAHOMA	a	b		21		
OREGON	a			18		
PENNSYLVANIA	a	b		21		
RHODE ISLAND	a	b		18	f	
SOUTH CAROLINA	a	b		21		
SOUTH DAKOTA	a	b			yes	yes
TENNESSEE	a and d					
TEXAS	a and d	b		21		
UTAH	a	b		21		
VERMONT	a	b		18	yes	
VIRGINIA	a	b		18		
WASHINGTON	a				g	
WEST VIRGINIA	a	b		18	yes	
WISCONSIN	a					
WYOMING	a	b				
D.C.		a			18	
PUERTO RICO	a			18	yes	yes

Source: HPLIS/Council of State Governments; December 31, 1985

KEY:

a Graduate of an accredited or approved dental school
b Applicant must be of "good moral character"
c Applicant must be either a citizen or have his/her first naturalization papers
d Applicant must have CPR training
e Applicant must be a citizen or lawfully allowed to remain in the U.S.
f Applicant must be a citizen or have made a declaration of intent, with citizenship gained within five years from licensure
g Applicant must either be a citizen or become one within six years
h Applicant must pass jurisprudence test

TABLE V-7 Page 1 of 2

DENTIST

SCHEDULE OF FEES

STATE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
ALABAMA		$25-200	$10-50/Ann	$20	$50-100	
ALASKA	$25 a	$200	$200/4 yrs	$50	$10	$200
ARIZONA	$50 b	$50	$225/Tri		$10	
ARKANSAS			$60/Ann*			
CALIFORNIA	$100*	$100*	$60*/Ann		$25	
COLORADO						
CONNECTICUT		$150				$150
DELAWARE		$75	$10/Ann		$10	
FLORIDA	$100	$180	$150/Bi			
GEORGIA	$125		$60/Bi		$15	
HAWAII		$150	$10.50/Ann			
IDAHO		$150	$100/Ann			$75**
ILLINOIS	$25	COE	$15/Ann	$25	$10	$50
INDIANA	$50 c	$50	$60/Bi			$75
IOWA	$100		$100/Bi		$10	$275
KANSAS		$100*	$100/Ann		$10*	$100
KENTUCKY	$50		$50/Ann*			$60
LOUISIANA	$100		$50/Ann		$20	$100
MAINE	$100		$100/Bi*		$15	$150*
MARYLAND	$50	COE	$25/Ann	$15		
MASSACHUSETTS		$75	$30/Bi	$25		
MICHIGAN	$35	$175	$25/Ann	$15		$35
MINNESOTA	$70		$38/Ann		$5	$250
MISSISSIPPI	$200*		$50/Ann		$20	
MISSOURI	e	$75	$100/Ann		$20	$100
MONTANA	a	$50	$35		$10	$50
NEBRASKA		$50-300	$20-100/Bi	$5	$50-300	
NEVADA		$150	$200/Ann*			
NEW HAMPSHIRE	$100			$50		
NEW JERSEY	d	$50	$8/Ann		$2	$5
NEW MEXICO	$150					
NEW YORK		$125	$120/Tri			$75
NORTH CAROLINA		$75	$40			$75
NORTH DAKOTA		$150	$75/Ann*		$20	$150
OHIO		$75	$40*/Ann		$7.50	$75

TABLE V-7 Page 2 of 2

DENTIST

SCHEDULE OF FEES

STATE	APPLI-CATION	EXAM	RENEWAL	TEMPO-RARY	DUPLI-CATE	RECIP-ROCAL
OKLAHOMA		$200*		$100*		$100*
OREGON		$50*	$100/Ann*			
PENNSYLVANIA	d	$25	$25/Bi		$10	$50
RHODE ISLAND		$75	$25/Ann			
SOUTH CAROLINA		$200				
SOUTH DAKOTA	c	$100	$50/Ann		$2-15	$100
TENNESSEE	e	$200*	$15/Ann			
TEXAS		$150*	$75/Ann*		$15*	$150*
UTAH	$20		$10-20/Bi			
VERMONT	$50		$25/Ann			$50
VIRGINIA	$80f		$60/Bi	$50	$10	
WASHINGTON	$100		$30/Ann		$5	$100
WEST VIRGINIA		$35	$20/Ann			$50
WISCONSIN		$50	$35/Bi		$5	$50
WYOMING	g					
D.C.	h					
PUERTO RICO	g					

Source: HPLIS/Council of State Governments; December 31,1985

Key:

Ann = Annual
Bi = Biennial
Tri = Triannual
COE = Applicant must pay for the cost of the exam

* Not to exceed
** Provisional license
a Initial license fee is $30.00
b Registration fee is one third of renewal fee
c Initial license fee is $50.00
d Initial license fee is $25.00
e Initial license fee is $10.00
f Initial license fee is $60.00
g Fees fixed by Board
h Fees fixed by Department

TABLE V-8

Page 1 of 2

DENTIST

RECIPROCITY AND ENDORSEMENT

STATE	RECIPROCITY	ENDORSEMENT	CONDITIONS
ALABAMA	x		a,b,d,f
ALASKA	x		a,b,c,d,e,j,k,l
ARIZONA		x	a,b
ARKANSAS	x		a,b,d,e
CALIFORNIA		x	pass state or ADA Board
COLORADO	o		
CONNECTICUT	x		
DELAWARE	x		b
FLORIDA	o*		
GEORGIA	o		
HAWAII	o*		
IDAHO	o		
ILLINOIS	x		
INDIANA	o		
IOWA	x		a,b,d,f
KANSAS		x	a,i
KENTUCKY	x		
LOUISIANA	x		a,b,h
MAINE		x	a,b
MARYLAND		x	a,b,c,j
MASSACHUSETTS		x	a,b
MICHIGAN		x	a,b
MINNESOTA		x	a,b,c,i
MISSISSIPPI	o		
MISSOURI		x	a,b,d
MONTANA	x		a
NEBRASKA		x	a,b,g
NEVADA		x	a,b
NEW HAMPSHIRE	x		a,b
NEW JERSEY		x	a,b,j
NEW MEXICO	o		
NEW YORK		x	b,d,
NORTH CAROLINA		x	a,b,f
NORTH DAKOTA	x		a,j
OHIO	x		a,b,i,j
OKLAHOMA	x		b,c,d,i
OREGON	o		
PENNSYLVANIA	m	x	b,c,d,i

TABLE V-8 Page 2 of 2

DENTIST

RECIPROCITY AND ENDORSEMENT

STATE	RECIPROCITY	ENDORSEMENT	CONDITIONS
RHODE ISLAND	x		a,d
SOUTH CAROLINA	x		
SOUTH DAKOTA		x	a,b,j
TENNESSEE	x		a,b,d,j
TEXAS		x	a
UTAH	o		
VERMONT		x	b,g,j
VIRGINIA	x		
WASHINGTON	x		a,b
WEST VIRGINIA	x		
WISCONSIN		x	a,b,g
WYOMING	x		k
DISTRICT OF COLUMBIA	x		a,d,k
PUERTO RICO	x		a

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

a	Requirements for licensure are no less strict in previous state/proof of graduation from a dental school approved by this state's dental board or the American Dental Association's proof of a passing score on the National or Regional Board exam or equivalent exam
b	Two to five years in practice immediately prior to application in this state
c	Personal interview
d	Proof of "good standing" in previous state; i.e., applicant has not had a licensed revoked, is not the subject of a complaint, or has not failed the last examination taken in the previous state
e	Physical examination
f	Clinical examination
g	Practical examination
h	Citizen or permanent resident of the United States
i	Jurisprudence examination
j	Good moral character
k	Fee
l	Must present licensure examination scores from previous state
m	Reciprocity with some states
o	All applicants for licensure, including those transferring in from other states must take all examinations required. All preliminary requirements for applicants apply to out-of-state applicants
*	If applicant has passed national board exam, a waiver of state exam

TABLE V-9

Page 1 of 2

DENTIST

CONTINUING COMPETENCY REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
ALABAMA	no	
ALASKA	no	
ARIZONA	no	
ARKANSAS	no	
CALIFORNIA	yes	50 hrs/biennially
COLORADO	no	
CONNECTICUT	no	
DELAWARE	no	
FLORIDA	no	
GEORGIA	no	
HAWAII	no	
IDAHO	no	
ILLINOIS	no	
INDIANA	no	
IOWA	yes	15 hrs/annually
KANSAS	yes	30 hrs/annually
KENTUCKY	yes	10 points annually
LOUISIANA	no	
MAINE	no	
MARYLAND	no	
MASSACHUSETTS	yes	40 hrs/biennially
MICHIGAN	no	
MINNESOTA	yes	75 hrs every 5 years
MISSISSIPPI	no	
MISSOURI	no	
MONTANA	may	
NEBRASKA	yes	15 hrs/annually
NEVADA	no	
NEW HAMPSHIRE	may	
NEW JERSEY	no	
NEW MEXICO	yes	60 hrs/triannually
NEW YORK	no	
NORTH CAROLINA	no	
NORTH DAKOTA	yes	no less than 50 hrs every 5 years
OHIO	no	

TABLE V-9

DENTIST

CONTINUING COMPETENCY REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
OKLAHOMA	yes	60 hrs/triannually
OREGON	yes	40 hrs/triannually
PENNSYLVANIA	no	
RHODE ISLAND	may	
SOUTH CAROLINA	no	
SOUTH DAKOTA	yes	25 hrs every 5 years
TENNESSEE	no	
TEXAS	no	
UTAH	no	
VERMONT	no	
VIRGINIA	no	
WASHINGTON	no	
WEST VIRGINIA	no	
WISCONSIN	no	
WYOMING	may	
DISTRICT OF COLUMBIA	may	
PUERTO RICO	no	

Source: HPLIS/Council of State Governments; December 31, 1985

CHAPTER VI

STATE REGULATION OF DENTAL HYGIENISTS

DENTAL HYGIENIST

Type of State Regulation

All states except two regulate the practice of dental hygiene through licensure. Oklahoma requires a "certificate of ability" and Wisconsin regulates through certification of dental hygienists. (See Table VI-1).

Scope of Practice

Each state varies in its listing of duties which may be delegated to the dental hygienist from the dentist. In addition, many states have multiple categories of dental hygienists where those with extra training, a certain amount of experience, or proof of passing a special exam receive the title of dental hygienist with expanded functions (variations of this title do exist). Most states include a list of duties allowable to these dental hygienists with expanded functions. A few examples showing differing descriptions of dental hygiene practice follow:

Montana presents a short format:

> The practice of dental hygiene is services, performed by a licensed preventive oral health practitioner known as a dental hygienist, that are educational, therapeutic, prophylactic, or preventive procedures in nature, as the board in writing defines and authorizes. These services include and the board shall authorize the administration of local anesthetic agents by a licensed dental hygienist certified by the board to administer the agents under the direct supervision and authorization of a licensed dentist. However, this section does not allow the board or a licensed dentist to delegate any of the following duties.
>
> (1) diagnosis, treatment planning, and prescription;
>
> (2) surgical procedures on hard and soft tissues other than root planning and subgingival curettage;
>
> (3) restorative, prosthetic, orthodontic, and other procedures which require the knowledge and skill of a dentist;
>
> (4) prescription for drugs or medications or work authorizations.

Illinois statutes describe a vastly more detailed description of what a dental hygienist can and cannot do:

> b) Permitted Duties of a Dental Hygienist:
>
> 1) Dental hygienists may perform dental health education functions and may record case histories and oral conditions observed.

2) Scope of Duties

A) Hygienists may perform all procedures which may be performed by an appropriately trained dental assistant.

B) Hygienists may not perform procedures which require the professional judgment and skill of a dentist, such as diagnosis and treatment planning.

3) Appendix C of this Part contains an illustrative list of those procedures which may be performed by registered dental hygienists.

4) The licensed dentist need not be present in the facility for a dental hygienist to perform the procedures outlined in Appendix C of this Part on persons who reside in a long term care facility, hospital or other similar institution and are unable to travel to a dental office because of illness or infirmity. The dentist shall personally examine and diagnose the patient and determine which services are necessary to be performed, which shall be contained in a written order to the hygienist. Such order must be implemented within 6 months of its issuance and an updated medical history and oral inspection must be performed by the hygienist immediately prior to beginning the procedures to ensure that the patient's health has not changed in any manner to warrant a re-examination by the dentist.

c) All intraoral procedures performed by a dental auxiliary, except those provided for in subsections (b)(1) and (b)(4), above, must be examined by the supervising dentist prior to the dismissal of the patient from the facility that day.

Appendix B

The following procedures may be performed by an appropriately trained dental assistant if the licensed dentist responsible for the patients in that practice:

a) Is in the same room during the performance of the procedures:

1) Provide chairside assistance to the dentist who is performing dental operations and act in response to the dentist's specific directions, such as retracting a patient's cheek, tongue, or other oral tissue.

2) Chart the mouth as directed by the dentist who is performing a dental examination, and record preliminary medical and dental histories.

b) Is in the dental facility during the performance of the procedures:

1) Provide chairside assistance to a dental hygienist, perform certain tasks consisting of traditional chairside assisting such as retraction of patient's tongue, cheek, or other oral tissue.

2) Remove oral debris by water, compressed air and vacuum devices.

3) Mix dental materials to be used by the dentist.

4) Receive removable prostheses for cleaning and repair by the dentist or dental laboratory technician on written order of the dentist.

5) Seat patients, place protective garments, lubricate lips, and otherwise prepare patients for the dentist.

6) Pre-selection and contouring of temporary crown forms extraorally for placement of filling material and seating of temporary crown by the dentist.

7) Place and remove rubber dams and clamps; place rubber or wire orthodontic separators.

8) Remove excess cement or bonding material from clinical crown of tooth.

9) Remove periodontal packs and sutures excluding wire sutures.

10) Expose and process roentgenograms of teeth, the alveolar process, or any of the bony parts necessarily involved.

11) Place and remove metal, celluloid, or plastic matrices and wedges between teeth for placement of filling material by the dentist.

12) Provide instructions in placement of devices of a type which are usually or normally placed in the patient's mouth by the patient himself.

13) Take impressions of the mouth for the purpose of making diagnostic casts.

14) For impressions other than those used for diagnostic purposes, selection of impression trays and holding of impressions after they have been seated by dentist, and remove such impression at the direction of the dentist.

15) Instruct patients in oral hygiene, intraoral elastics, or the care and use of orthodontic appliances.

16) Pre-selection extraorally of preformed orthodontic bands and/or brackets only.

17) Remove ligature ties, cut and tuck ligatures, remove tension devices and any loose or broken bands or arch wires.

18) Fixation (ligations, pinning, or fastening) of any arch wire after fitting and placement of that arch wire by a licensed dentist.

19) Remove an arch wire.

c) Directs the performance of procedures which do not require direct contact with patients. The dentist need not be physically present in the office during the performance of these procedures.

Appendix C

The following procedures may be performed by a registered dental hygienist if the licensed dentist responsible for the patients in that practice is in the dental facility during the performance of the procedures:

a) The operative procedure of dental hygiene, consisting of oral prophylactic procedures.

b) The application to the surfaces of the teeth of such chemical compounds as have the approval of the American Dental Association as desensitizing agents or as effective agents in the prevention of dental caries.

c) Polish restorations without changing the anatomy, contour or occlusion of the tooth.

d) Perform root planning and closed soft tissue curettage.

e) Place temporary restorations following examination and instruction by the dentist.

f) Apply topical anesthetics.

g) Record existing conditions through the use of radiographs.

h) Perform laboratory tests such as oral cytology smears and pulp vitality tests.

i) Apply pit and fissure sealants to teeth, as prescribed by the dentist.

j) Remove temporary crowns and restorations using hand instruments.

Most of the other states fall somewhere within these two extremes. Differences lie mainly in delegation or prohibition of specific duties to dental hygienists or to those with expanded functions. For example, the administration of local anesthetics is permitted in some states' scope of practice for regular dental hygienists while other states only permit those with expanded duty training to perform this duty. Many states prohibit this duty from a dental hygienist's scope altogether.

All of the states prohibit dental hygienists from diagnosis, treatment planning and prescription for drugs, medications, work authorizations, or from performing surgery on hard or soft tissues.

Organization of State Regulatory Bodies and Functions

Boards of Dentistry regulate the dental hygiene occupation in all of the states. For complete details on differences in dental board titles see Table VI-2. Three states also have formed dental hygiene advisory committees which are made up solely of dental hygienists. All but nine state dental boards have dental hygienists sitting on the board but a majority of the board members are dentists. Eighteen states do not include public members on their boards.

All but five states and the District of Columbia utilize their board as the body which issues the licenses and promulgates rules and regulations. Of those that do not, two utilize the Department of Health to issue the license and the Commissioner of Education to promulgate rules and regulations. One designates both functions to the Division of Registration, and the District of Columbia gives power to the mayor. The approval and accreditation of educational programs is more diversified, but the majority of states still give the board the power to perform this function. Twenty-one states recognize accreditation by the American Dental Association, five states give power to the board or the ADA, four delegate the responsibility to the Department of Health, and one uses the Division of Registration. Puerto Rico relies on their Council on Higher Education, and the District of Columbia gives the mayor the responsibility to approve or accredit educational programs. See Table VI-3.

All states give the regulating body the power to suspend or revoke a dental hygienist's license. Twenty-three states give the body power to put a dental hygienist on probation. For complete details on other disciplinary sanctions see Table VI-4.

All of the states, except one, administer a written examination to applicants using a board approved or ADA prepared examination. One state has an examination that is prepared by the Division of Health. The vast majority of states use a practical examination as well as a written examination and many administer or may, at the regulatory body's discretion, administer an oral examination. See Table VI-5.

Requirements for Licensure

All states require dental hygienists to complete an approved or accredited course of study in dental hygiene. Most states require a minimum age for application for licensure, as well as a requirement that the applicant be of good moral character. Complete details of additional requirements are included in Table VI-6.

Fee Schedule

The fee schedule for six types of fees is set out in Table VI-7.

Interstate Recognition of Credentials

An almost equal number of states either endorse the license of dental hygienists from other states or require reciprocal arrangements with other states before license recognition; some states give no indication of either process. See Table VI-8 for conditions required for endorsement or reciprocity. (Reciprocity may be listed in the statutes without mention of conditions.)

Continuing Education Requirements

A majority of the states do not require that dental hygienists go on to complete additional education in dental hygiene, although the requirements for training in expanded duties for dental hygienists may require further training. Complete listings of the extent of education for those states which do require continued education is compiled in Table VI-9.

TABLE VI-1

Page 1 of 2

DENTAL HYGIENIST

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
ALABAMA	Licensure	34-9-4
ALASKA	Licensure	AS 08.32.010
ARIZONA	Licensure	ARS 32-1281 et seq.
ARKANSAS	Licensure	ARS 72-540
CALIFORNIA	Licensure	Dental Act sect. 1740 et seq.
COLORADO	Licensure	CRS 12-35-109
CONNECTICUT	Licensure	CS 20-111
DELAWARE	Licensure	Ch.11 1151.a(1)
FLORIDA	Licensure	FS 466.001
GEORGIA	Licensure	OCGA 43-11-76
HAWAII	Licensure	Ch. 447-1(d)
IDAHO	Licensure	IC 54-903
ILLINOIS	Licensure	2245-17b
INDIANA	Licensure	IC 25-13-1-3
IOWA	Licensure	IC 153.17
KANSAS	Licensure	KSA 65-1421
KENTUCKY	Licensure	KRS 313.310
LOUISIANA	Licensure	RS 764
MAINE	Licensure	ACM 1098
MARYLAND	Licensure	AM 4-301
MASSACHUSETTS	Licensure	M.G.L. C.1125.51
MICHIGAN	Licensure	333.16611
MINNESOTA	Licensure	150A.06
MISSISSIPPI	Licensure	73-9-1
MISSOURI	Licensure	CSR 110-2.060 (1)
MONTANA	Licensure	37-9-101
NEBRASKA	Licensure	71-102
NEVADA	Licensure	631.005 et seq.
NEW HAMPSHIRE	Licensure	NHSA 317-A:1 et seq.
NEW JERSEY	Licensure	13:30-2.1
NEW MEXICO	Licensure	Article 8 Sect. 801
NEW YORK	Licensure	6607
NORTH CAROLINA	Licensure	Ch 16 Sect. 0100.0101
NORTH DAKOTA	Licensure	NDCC 43-20 et seq.
OHIO	Licensure	ORCA 4715.20

TABLE VI-1

DENTAL HYGIENIST

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
OKLAHOMA	Licensure*	Dental Act sect. 21
OREGON	Licensure	ORS 680.020
PENNSYLVANIA	Licensure	63 PS 129
RHODE ISLAND	Licensure	GLRI 5-31-1.1
SOUTH CAROLINA	Licensure	40-15-120
SOUTH DAKOTA	Licensure	SDCL 36-6-13
TENNESSEE	Licensure	TCA 63-5-107
TEXAS	Licensure	Dental Practice Act sect. 4551e
UTAH	Licensure	58-7-12
VERMONT	Licensure	VCA 851 et seq.
VIRGINIA	Licensure	CVA 54-200.20
WASHINGTON	Licensure	RCW 18.29.010
WEST VIRGINIA	Licensure	WVC 30-4-5
WISCONSIN	Certification	447.08
WYOMING	Licensure	33-15-119 et seq.
DISTRICT OF COLUMBIA	Licensure	Title V-Sec. 501
PUERTO RICO	Licensure	T.2094b

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

* Hygienists receive a "certificate of ability" which acts as a license

TABLE VI-2 Page 1 of 3

DENTAL HYGIENIST

COMPOSITION OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
ALABAMA	Bd. of Dental Examiners	o	o	5a	5
ALASKA	Bd. of Dental Examiners	0	2	4a	6
ARIZONA	State Dental Bd.	1	3	5a	9
ARKANSAS	Bd. of Dental Examiners	1	1	5a	7
CALIFORNIA	Bd. of Dental Examiners	0	4	8a	12
	Cmte. on Dental Auxiliaries	3	0	6b	9
COLORADO	Bd. of Dental Examiners	2	1	5a	8
CONNECTICUT	State Dental Commission	1	3	5a	9
DELAWARE	Bd. of Dental Examiners	0	0	5a	5
	Dental Hygiene Advisory Cmte.	3	0	0	3
FLORIDA	Bd. of Dentistry	1	2	6a	9
GEORGIA	Bd. of Dentistry	1	1	9a	11
HAWAII	Bd. of Dental Examiners	1	2	8a	11
IDAHO	Bd. of Dentistry	1	1	5a	7
ILLINOIS	Dental Examining Commission	1	0	8a	9
INDIANA	Bd. of Dental Examiners	1	1	9a	11
IOWA	Bd. of Dental Examiners	2	2	5a	9
KANSAS	Dental Board	1	1	3a	5
KENTUCKY	Bd. of Dentistry	1	1	7a	9
LOUISIANA	Bd. of Dentistry	1	0	9a	10
MAINE	Bd. of Dental Examiners	1	1	5a	7
MARYLAND	Bd. of Dental Examiners	1	2	9a	12
MASSACHUSETTS	Bd. of Reg. in Dentistry	1	1	6a	8

TABLE VI-2

DENTAL HYGIENIST

COMPOSITION OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
MICHIGAN	Bd. of Dentistry	2	2	9c	13
MINNESOTA	Bd. of Dentistry	0	20	6e	8
MISSISSIPPI	Bd. of Dental Examiners	1	0	7a	8
MISSOURI	State Dental Board	1	1	5a	7
MONTANA	Bd. of Dentistry Dept. of Commerce	1	1	5a	7
NEBRASKA	Bd. of Examiners in Dentistry Dept. of Health	1	1	6a	8
NEVADA	Bd. of Dental Examiners	2	1	7a	10
NEW HAMPSHIRE	Bd. of Dental Examiners	1	1	5a	7
NEW JERSEY	Bd of Dentistry	0	0	8a	8
NEW MEXICO	Bd. of Dentistry	1	1	5a	7
NEW YORK	Bd. of Dentistry	2	0	13a,f	15f
NORTH CAROLINA	Bd. of Dental Examiners	1	1	6a	8
NORTH DAKOTA	Bd. of Dental Examiners	1	0	5a	6
OHIO	State Dental Board	1	1	5a	7
OKLAHOMA	Bd. of Governors of the Registered Dentists of OK	1	2	8a	11
OREGON	Bd. of Dentistry	2	1	5a	8
PENNSYLVANIA	St. Dental Council and Examining Bd./Dept. of Health	1	2	7a	10
RHODE ISLAND	Bd. of Examiners in Dentistry	1	0	3a	4
SOUTH CAROLINA	Bd. of Dentistry	1	1	7a	9
SOUTH DAKOTA	Bd. of Dentistry	1	1	5a	7

TABLE VI-2 Page 3 of 3

DENTAL HYGIENIST

COMPOSITION OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
TENNESSEE	Bd. of Dentistry	1g	0	6a	6
TEXAS	Dental Hygiene Advisory Cmte.	6	0	0	6
UTAH	St. Dental Committee	1	1	5a	7
VERMONT	Bd. of Dental Examiners	2	2	5a	9
VIRGINIA	Bd. of Dental Examiners Dept. of Health	1	0	6a	7
WASHINGTON	Bd. of Dental Examiners	0	0	9a	9
WEST VIRGINIA	Bd. of Dental Examiners	0	0	5a	5
WISCONSIN	Dentistry Examining Bd.	1	1	5a	7
WYOMING	Bd. of Dental Examiners	1	0	5a	6
D.C.	Bd. of Dentistry	1	1	5a	7
PUERTO RICO	Bd. of Dental Examiners	0	0	5a	5

Source: HPLIS/Council of State Governments; December 31, 1985

KEY:

a All other members are dentists
b Other members include three dentists and three dental assistants
c The other members are seven dentists and two dental assistants
d The other members are five dentists and two dental assistants
e The other members are five dentists and one dental assistants
f In New York the Dental Board can have no fewer than 13 dentist members
g Dental Hygienist is appointed to the board to serve in an advisory capacity
h Board organized by provisions of the Administrative Code; PS 51 et. seq.

TABLE VI-3

DENTAL HYGIENIST

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
ALABAMA	Board	Board	Board
ALASKA	Board	ADA	Board
ARIZONA	Board	Board	Board
ARKANSAS	Board	Board	Board
CALIFORNIA	Board	Board	Board
COLORADO	Board	ADA	Board
CONNECTICUT	Board	ADA	Board
DELAWARE	Board	Board	Board
FLORIDA	Board	Board	Board
GEORGIA	Board	Board	Board
HAWAII	Board	Board	Board
IDAHO	Board	ADA	Board
ILLINOIS	Department	Department	Department
INDIANA	Board	Board/ADA	Board
IOWA	Board	Board	Board
KANSAS	Board	Board	Board
KENTUCKY	Board	ADA	Board
LOUISIANA	Board	Board	Board
MAINE	Board	Board	Board
MARYLAND	Board	Board	Board
MASSACHUSETTS	Board	ADA	Board
MICHIGAN	Board	Department	Board
MINNESOTA	Board	ADA	Board
MISSISSIPPI	Board	Board/ADA	Board
MISSOURI	Board	Board	Board
MONTANA	Board	ADA	Board
NEBRASKA	Department	Department	Department
NEVADA	Board	ADA	Board
NEW HAMPSHIRE	Board	ADA	Board
NEW JERSEY	Board	Board	Board
NEW MEXICO	Board	Board	Board
NEW YORK	Department	Department	Commr. of Educ.
NORTH CAROLINA	Board	Board	Board
NORTH DAKOTA	Board	Board/ADA	Board
OHIO	Board	ADA	Board

TABLE VI-3

DENTAL HYGIENIST

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
OKLAHOMA	Board	ADA	Board
OREGON	Board	ADA	Board
PENNSYLVANIA	Board	Board	Board
RHODE ISLAND	Board	ADA	Board
SOUTH CAROLINA	Board	ADA	Board
SOUTH DAKOTA	Board	ADA	Board
TENNESSEE	Board	Board/ADA	Board
TEXAS	Board	ADA	Board
UTAH	Division*	Division	Division
VERMONT	Board	ADA	Board
VIRGINIA	Board	ADA	Board
WASHINGTON	Board	ADA	Board
WEST VIRGINIA	Board	Board	Board
WISCONSIN	Board	Board/ADA	Board
WYOMING	Board	ADA	Board
D.C.	Board	Mayor	Mayor
PUERTO RICO	Board	Council on Higher Education	Board

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

* Division of Registration
ADA = American Dental Association

TABLE VI-4

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DENTAL HYGIENIST

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENIES

STATE	SUS-PEND	RE-VOKE	RESTRICT LICENSE	CEN-SURE	REPRI-MAND	PRO-BATE	FINE	OTHER
ALABAMA	x	x						
ALASKA	x	x	x	x	x	x		
ARIZONA	x	x		x		x		
ARKANSAS	x	x				x	$1000	
CALIFORNIA	x	x	x		x	x		a
COLORADO	x	x		x	x	x		
CONNECTICUT	x	x	x	x	x	x	$1000	a
DELAWARE	x	x						
FLORIDA	x	x	x		x	x	$1000	
GEORGIA	x	x	x		x			b
HAWAII	x	x						
IDAHO	x	x						
ILLINOIS	x	x						
INDIANA	x	x	x	x	x	x		
IOWA	x	x						
KANSAS	x	x	x			x		a
KENTUCKY	x	x						
LOUISIANA	x	x	x			x		
MAINE	x	x				x		
MARYLAND	x	x			x	x		
MASSACHUSETTS	x	x	x		x		$1000	d
MICHIGAN	x	x	x		x	x	x	
MINNESOTA	x	x						
MISSISSIPPI	x	x					$5000	
MISSOURI	x	x		x	x	x		
MONTANA	x	x	x	x	x	x		
NEBRASKA	x	x	x	x	x	x		
NEVADA	x	x					x	
NEW HAMPSHIRE	x	x			x			
NEW JERSEY	x	x		x	x			d
NEW MEXICO	x	x		x	x	x		
NEW YORK	x	x	x	x	x	x	$10000	a,c
NORTH CAROLINA	x	x		x	x			d
NORTH DAKOTA	x	x						
OHIO	x	x		x		x		

TABLE VI-4 Page 2 of 2

DENTAL HYGIENIST

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENIES

STATE	SUS-PEND	RE-VOKE	RESTRICT LICENSE	CEN-SURE	REPRI-MAND	PRO-BATE	FINE	OTHER
OKLAHOMA	x	x			x	x		
OREGON	x	x	x			x	$1000	d
PENNSYLVANIA	x	x						
RHODE ISLAND	x	x						
SOUTH CAROLINA	x	x						
SOUTH DAKOTA	x	x	x		x	x		
TENNESSEE	x	x					$500	
TEXAS	x	x			x	x		
UTAH	x	x						
VERMONT	x	x						
VIRGINIA	x	x						
WASHINGTON	x	x						
WEST VIRGINIA	x	x						
WISCONSIN	x	x	x		x			
WYOMING	x	x						
D.C.	x	x			x	x		a,b
PUERTO RICO	x	x						

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

a Board can require continuing education
b Board can require counseling or treatment
c Board can require licensee to perform up to 100 hours of public service
d Board can otherwise discipline

TABLE VI-5 Page 1 of 2

DENTAL HYGIENIST

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
ALABAMA	Board		Yes
ALASKA	a		Yes
ARIZONA	a or Board		b
ARKANSAS	a		Yes
CALIFORNIA	Board		Yes
COLORADO	a or Board	Yes	Yes
CONNECTICUT	a		Yes
DELAWARE	Board	Yes	Yes c
FLORIDA	a		Yes
GEORGIA	a or Board		Yes
HAWAII	Board and a		Yes
IDAHO	a		Yes
ILLINOIS	a or Board		Yes
INDIANA	a or Board	May	Yes
IOWA	a		b
KANSAS	a or Board and d		Yes
KENTUCKY	a		Yes
LOUISIANA	a	Yes	Yes
MAINE	Board		Yes
MARYLAND	Board		
MASSACHUSETTS	a or board	May	Yes
MICHIGAN	a		b
MINNESOTA	a		b
MISSISSIPPI	a or Board	May	Yes
MISSOURI	a and d		Yes
MONTANA	a		b
NEBRASKA	Board		
NEVADA	a or Board	Yes	Yes
NEW HAMPSHIRE	a		b
NEW JERSEY	a or board	May	
NEW MEXICO	a or board,d	May,d	Yes
NEW YORK	a or Board		b
NORTH CAROLINA	a	Yes	Yes
NORTH DAKOTA	a		Yes
OHIO	a or Board		Yes

TABLE VI-5

DENTAL HYGIENIST

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
OKLAHOMA	a or Board		Yes
OREGON	a or Board		b
PENNSYLVANIA	a		b
RHODE ISLAND	a or Board	May	b
SOUTH CAROLINA	a or Board	May	b
SOUTH DAKOTA	Board		Yes
TENNESSEE	a		b
TEXAS	a or Board	May	Yes
UTAH	Division		Yes
VERMONT	a,d	Interview	b
VIRGINIA	a		b
WASHINGTON	a or Board		Yes
WEST VIRGINIA	Board		Yes
WISCONSIN	a or Board		b
WYOMING	a or Board		Yes
DISTRICT OF COLUMBIA	Board		
PUERTO RICO	Board		

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

a National Board of Dental Examiners' examination is used
b A regional examining board administers the practical portion of the examination
c Two years of experience may be substituted for the practical examination
d Applicant must take a jurisprudence exam

TABLE VI-6

Page 1 of 2

DENTAL HYGIENIST

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	MORALS	INTERNSHIP	AGE	U.S. CITIZENSHIP	STATE RESIDENCY
ALABAMA	a or b	c		19		
ALASKA	a			18		
ARIZONA	a	c		18		
ARKANSAS	a	c				
CALIFORNIA	a					
COLORADO	a	c				
CONNECTICUT	a					
DELAWARE	a	c		18	Yes	
FLORIDA	a			18		
GEORGIA	a	c		18		
HAWAII	a			18		
IDAHO	a	c				
ILLINOIS	a and d				Yes or e	
INDIANA	f	g,h				
IOWA	a					
KANSAS	a	c		18	Yes	
KENTUCKY	a	c		18		
LOUISIANA	a	c		18	Yes	
MAINE	a			18		
MARYLAND	a	c				
MASSACHUSETTS	a	c		19		
MICHIGAN	a	c		18		
MINNESOTA	a	c				
MISSISSIPPI	a	c		18	Yes	
MISSOURI	a	c				
MONTANA	a	c				
NEBRASKA	a	c		18		
NEVADA	a	c		18	Yes	
NEW HAMPSHIRE	a	c		18		
NEW JERSEY	a and i				Yes	
NEW MEXICO	a					
NEW YORK	a	c		17		
NORTH CAROLINA	a	c				
NORTH DAKOTA	a	c				
OHIO	a	c		18		
OKLAHOMA	a	c		18		
OREGON	a			18		

TABLE VI-6 Page 2 of 2

DENTAL HYGIENIST

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	MORALS	INTERNSHIP	AGE	U.S. CITIZENSHIP	STATE RESIDENCY
PENNSYLVANIA	a	c		18		
RHODE ISLAND	a			18		
SOUTH CAROLINA	a	c				
SOUTH DAKOTA	a	c			Yes	Yes
TENNESSEE	a					
TEXAS	a			18		
UTAH	a	c		18		
VERMONT	a	c		18		
VIRGINIA	a	c		18		
WASHINGTON	a	c		18		Yes
WEST VIRGINIA	a	c		18		
WISCONSIN	a					
WYOMING	a	c				
D.C.	a					
PUERTO RICO	a	c				

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

a Graduate of a Commission on Dental Accredidation of the ADA or Board accredited or approved school of dental hygiene; or a graduate of a dental hygiene training program
b One year as a dental assistant and one year as a dental hygienist trainee will satisfy the education requirement
c Applicant must be of good moral character
d Applicant must have 60 hours of pre-dental hygiene education at the college level
e Applicant must either be a U.S. citizen, or have his/her first naturalization papers
f In Indiana the applicant must be a graduate of a two year dental hygiene program, or one year of dental hygiene school in addition with one year of internship, or a one year internship with five years of teaching
g Applicant cannot have been convicted of a felony which bears directly upon the practice of dental hygiene
h Applicant cannot have been convicted of a disciplinary rule
i Applicant must possess a National Dental Hygiene Board Certificate or his/her Northeast Regional scores

TABLE VI-7 Page 1 of 2

DENTAL HYGIENIST

SCHEDULE OF FEES

STATE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
ALABAMA	a	$20-180	$10/Ann		$20	
ALASKA	$25 a	$75	$100/4yrs		$10	$75
ARIZONA	b	$25	$90/Tri			
ARKANSAS		COE	$40*/Ann			
CALIFORNIA	$20*	$50/$30	$30*		$25*	
COLORADO						
CONNECTICUT		$25				$25
DELAWARE		$25	$5/Ann	$10	$5	$25
FLORIDA	$50	$75	$60/Bi			
GEORGIA	$50		$30/Bi		$15	
HAWAII		$30	$4.50/Bi			
IDAHO		$50	$50/Ann			$25
ILLINOIS	$25	COE	$15/Ann		$10	$50
INDIANA	$25 c	COE	$20/Bi		$10	$35
IOWA	$50		$50/Bi		$10	$100
KANSAS		$50*	$50*/Ann		$10*	
KENTUCKY	$25		$10-20/Ann		$10	$25
LOUISIANA	$50		$25/Ann		$20	$50
MAINE		$35	$35*/Bi		$15	$50*
MARYLAND	$25	COE	$10/Ann			
MASSACHUSETTS		$20	$12/Bi			
MICHIGAN	$25	$120	$10/Ann	$10		
MINNESOTA	$25		$15/Ann		$5	$75
MISSISSIPPI	$100*		$35/Ann		$20	
MISSOURI	h	$50	$55/Ann		$20	$50
MONTANA	d	$50	$30		$10	$20
NEBRASKA		$50-300	$20-100/Bi		$5	$50-300
NEVADA		$75	$75*/Ann			
NEW HAMPSHIRE	$40 h					
NEW JERSEY	g	$20				
NEW MEXICO	$75*		$25*		$25	
NEW YORK		$65	$30/Tri			$40
NORTH CAROLINA		$30	$25			
NORTH DAKOTA		$40				$40
OHIO		$37.50	$15/Ann			
OKLAHOMA				$100*		$100*
OREGON		$30*	$50*/Ann			
PENNSYLVANIA	e		$10/Bi		$10	
RHODE ISLAND		$30	$10/Ann			

TABLE VI-7

DENTAL HYGIENIST

SCHEDULE OF FEES

STATE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
SOUTH CAROLINA		$125				
SOUTH DAKOTA	f	$75*	$20/Ann		$2-15	$50
TENNESSEE	$25 g	$150*	$10*/Ann			
TEXAS		$75*	$50*/Ann		$15*	
UTAH	$20		$10-20/Bi			
VERMONT	$25		$7.50/Ann			$25
VIRGINIA	$60 d		$30/Bi		$10	
WASHINGTON	$25		$10/Ann			$25
WEST VIRGINIA		$20	$10/Ann			$25
WISCONSIN		$50	$35/Bi		$5	$50
WYOMING	j					
DISTRICT OF COLUMBIA	i					
PUERTO RICO	g	$5	$2/4yrs			

Source: HPLIS/Council of State Governments; December 31, 1985

KEY:

Ann = Annual
Bi = Biennial
Tri = Triannual
COE = Cost of Examination. Applicant must pay this amount before taking examination

* Fee is not to exceed this amount
a There is an initial license fee of $20.00
b There is an initial license fee which is one third of the renewal fee
c There is an initial license fee of $10.00
d There is an initial license fee of $30.00
e There is an initial license fee of $25.00
f There is an initial license fee of $50.00
g There is an initial license fee of $5.00
h There is an initial license fee of $15.00
i Fee determined by mayor
j Fee determined annually by the board

TABLE VI-8 Page 1 of 2

DENTAL HYGIENIST

RECIPROCITY AND ENDORSEMENT

STATE	RECIPROCITY	ENDORSEMENT	CONDITIONS
ALABAMA	x		a,b,g
ALASKA	x		a,b,c,d,e,g,h,i
ARIZONA		x	Pass ADA exam
ARKANSAS	x		a,b
CALIFORNIA		x	Pass ADA exam or equivalent
COLORADO	o		
CONNECTICUT		x	a
DELAWARE		x	b,d,i
FLORIDA	o*		
GEORGIA		x	a,d
HAWAII	o*		
IDAHO		x	a
ILLINOIS	x		e
INDIANA		x	a,b,g
IOWA	x		
KANSAS	x		a,b,f
KENTUCKY	x		
LOUISIANA	x		b
MAINE	x		a
MARYLAND		x	a,b,e,g,j
MASSACHUSETTS		x	a
MICHIGAN		x	a,b
MINNESOTA		x	e,f,l
MISSISSIPPI	o		
MISSOURI		x	a,b
MONTANA	x		l,m
NEBRASKA	x		d,m
NEVADA		x	d,g
NEW HAMPSHIRE		x	a,b,f
NEW JERSEY		x	a,b
NEW MEXICO	o		
NEW YORK		x	g,n
NORTH CAROLINA		x	a,b
NORTH DAKOTA	x		a
OHIO	x		a,g,c
OKLAHOMA	x		a,b,d,e,f
OREGON	o		
PENNSYLVANIA		x	b,e,f,g

TABLE VI-8

DENTAL HYGIENIST

RECIPROCITY AND ENDORSEMENT

STATE	RECIPROCITY	ENDORSEMENT	CONDITIONS
RHODE ISLAND	x		a,h
SOUTH CAROLINA	x		
SOUTH DAKOTA		x	a,b,d
TENNESSEE	x		a,b,d,g
TEXAS		x	a
UTAH	o		
VERMONT		x	a
VIRGINIA	x		
WASHINGTON	x		a,b
WEST VIRGINIA		x	a,b
WISCONSIN		x	a,c
WYOMING		x	a,d
D.C.		x	a,g,i
PUERTO RICO	x		a

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

a	Requirements for licensure are no less strict in previous state; i.e., proof of graduation from dental school approved by the new state's dental board, the American Dental Association or National Dental Hygiene Board; proof of a passing score on the National or Regional board exam or an equivalent exam
b	2-5 years continuous practice immediately prior to application in new state
c	Must take practical exam
d	Good moral character
e	Personal interview
f	Must take jurisprudence test
g	Proof of "good standing" in previous state
h	May be required to pass oral or practical test
i	Must pay a fee
j	Must take a physical exam
l	One year of active practice immediately prior to application in new state
m	Must present diploma
n	Eight months out of the last 2 years of active practice immediately prior to application
o	All applicants for licensure, including those transerring in from other states must take all examinations required. All requirements for applicants apply to out-of-state applicants
*	If applicant has passed national board exam a waiver of state exam covering same materials shall be made

TABLE VI-9

DENTAL HYGIENIST

CONTINUING COMPETENCY REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
ALABAMA	None	
ALASKA	None	
ARIZONA	None	
ARKANSAS	None	
CALIFORNIA	Yes	25 hours biennially
COLORADO	None	
CONNECTICUT	None	
DELAWARE	None	
FLORIDA	Yes	24-36 hours biennially
GEORGIA	None	
HAWAII	None	
IDAHO	None	
ILLINOIS	None	
INDIANA	None	
IOWA	Yes	15 hours annually
KANSAS	Yes	30 hours annually
KENTUCKY	Yes	10 points annually
LOUISIANA	None	
MAINE	None	
MARYLAND	None	
MASSACHUSETTS	Yes	20 hours biennially
MICHIGAN	None	
MINNESOTA	Yes	40 hours every 5 years
MISSISSIPPI	None	
MISSOURI	None	
MONTANA	May	
NEBRASKA	Yes	15 hours annually
NEVADA	None	
NEW HAMPSHIRE	May	
NEW JERSEY	None	
NEW MEXICO	Yes	40 hours triannually
NEW YORK	None	
NORTH CAROLINA	None	
NORTH DAKOTA	Yes	Determined by board per 5 years
OHIO	None	

TABLE VI-9

DENTAL HYGIENIST

CONTINUING COMPETENCY REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
OKLAHOMA	Yes	30 hours triannually
OREGON	None	
PENNSYLVANIA	None	
RHODE ISLAND	May	
SOUTH CAROLINA	None	
SOUTH DAKOTA	Yes	10 hours every 5 years
TENNESSEE	None	
TEXAS	None	
UTAH	None	
VERMONT	None	
VIRGINIA	None	
WASHINGTON	None	
WEST VIRGINIA	None	
WISCONSIN	None	
WYOMING	May	
DISTRICT OF COLUMBIA	May	
PUERTO RICO	None	

Source: HPLIS/Council of State Governments; December 31, 1985

CHAPTER VII

STATE REGULATION OF DENTAL ASSISTANTS

DENTAL ASSISTANT

Type of State Regulation

Four states--California, Michigan, Puerto Rico and Vermont--license dental assistants. California and Michigan require licensure for dental assistants to be called "registered dental assistants" but allow unlicensed dental assistants to practice without using this title and perform the duties prescribed to a registered dental assistant. Although 39 states recognize dental assistants and describe a permitted scope of practice in their statutes for dental assistants, they do not require these dental assistants to be licensed in order to practice. (See Table VII-1.) Only those states which require a license to practice dental assisting will be included in this study. Since only the practice of dental assisting, not dental assisting with expanded duties (explained in the next section), is the focus of this study, the characteristics of the regulations compiled here will deal with the three states and one territory that license.

Scope of Practice

Many states have multiple categories of dental assistants, all but four unlicensed. Generally, extra training or special exams are required to qualify for these expanded duty categories. However, in some states, expanded duty recognition is based on having several years of work experience.

The following definitions of expanded duty dental assistants are examples from states which recognize a designation in addition to "dental assistants." A majority of the states include an expanded scope of practice in their laws.

Arkansas: Expanded duties - Dental Assistant

> "After passing qualifying examinations and being registered by the Board of Dental Examiners, a registered dental assistant may perform the following additional duties:
>
> (1) Monitor nitrous oxide analgesia following completion of a certified course approved by the Board of Dental Examiners.
>
> (2) Polish the crowns of teeth following scaling by a dentist or dental hygienist, under the following conditions:
>
> > (a) the dental assistant performing this function must (1) have 12 months experience within the past five years as a chairside assistant, or (2) be a graduate of a dental assistant school which is accredited, or provisionally accredited, by the Council on Dental Education of the American Dental Association, or (3) be a certified dental assistant of the American Dental Assistants Association.

(b) the dental assistant performing this function must successfully complete an educational program approved by the Arkansas State Board of Dental Examiners under the direction and with the assistance of the employing dentist.

(c) upon completion of the approved educational program, the dentist must submit the name of the applicant to the Arkansas State Board of Dental Examiners. The Board or its representative must then examine the applicant, who must demonstrate adequate proficiency and competence."

California: Registered Dental Assistant in Extended Functions

"a person licensed as a registered dental assistant who has completed post-licensure clinical and didactic training approved by the Board and satisfactorily performed on an examination designated by the Board for registered dental assistant in extended function applicants."

Colorado: Auxiliary Dental Assistant

"any person not a dentist or dental hygienist licensed in Colorado who may be assigned or delegated to perform dental tasks or procedures as authorized by this article or by rules and regulations of the board."

Hawaii: Expanded Duty Dental Assistant

"one who has met the requirements of a qualified dental assistant, has received the training and experience to perform expanded duty functions under the direction and supervision of a licensed dentist."

Maryland: Qualified Dental Assistant

"any person, other than persons registered in the state as dental hygienists, employed for the purpose of assisting a dentist, who perform or assists in the performance of intraoral duties directly related to dental care and who meets the following qualifications:

A. Has current certification as a dental assistant by the American Dental Assistants Association;

B. Has satisfactorily completed a course or training program for qualifying dental assistants sponsored by the component societies of the Maryland State Dental Association, a dental school, community college, vocational school, or correspondence course offered by the Maryland State Dental Association or constituents of the American Dental Association; or,

C. Has completed not less than 1 year as a chairside dental assistant before July 1, 1971."

Minnesota: Registered Dental Assistant

> "a person registered (upon) ...completion of a training program approved by the Commission on Dental Accreditation or other programs which in the judgement of the Board is equivalent. If the curriculum does not include training in the expanded duties specified..., the applicant must successfully complete a course in these functions which have been approved by the Board." "...examination of applicants for registration as dental assistants in this state shall be sufficiently thorough to test the fitness of the candidate to practice the skills that a registered dental assistant is authorized to perform."

New Hampshire: Qualified Dental Assistant

> "any dental assistant...may become qualified in a specific area by successfully challenging an examination in same."

New Jersey: Registered Dental Assistant

> "any person who has fulfilled the requirements for registration and has been registered by the board."

New Mexico: Certified Dental Assistant

> "a person certified by the board as meeting qualifications set forth in the rules and regulations of the board..."

North Carolina: Dental Assistant II

> "a dental assistant who has successfully completed an education and training program approved by the North Carolina State Board of Dental Examiners or who qualifies by experience."

Ohio: Advanced Qualified Personnel

> "those persons who, under the direct supervision and full responsibility of a licensed dentist, may perform advanced remediable intraoral dental tasks and/or procedures provided they fulfill the requirements...and have passed the Ohio state dental board designated examination for advanced qualified personnel."

Oregon: Dental Assistant, Class 2

> "a dental assistant who meets one or more of the following requirements:
>
> (a) Satisfactory completion of a course approved either by the Council on Dental Education of the American Dental Association or by the Oregon State Board of Dental Examiners.
>
> (b) Any dental assistant who has been employed as a chairside assistant for 12 months.

(c) A currently certified dental assistant (certified by the Certifying Board of the American Dental Assistants Association)."

South Carolina: Qualified Dental Assistant

"a currently certified dental assistant; or, one who has graduated from an approved course for certified dental assistants; or, one who has had continuous employment as a chairside assistant in a dental office for at least two years."

Vermont: Qualified Dental Assistant - Category IV

"one who demonstrates competence in the area of expanded responsibilities permitted by the Vermont state board of dental examiners. Her duties include those of the traditional, advanced traditional and certified dental assistant. Requirements include current certification by the verifying board of the American Dental Assistants Association and active employment for a period of one year. She must have had specific training in continuing education courses that meet the criteria established by the Vermont state board of dental examiners and must also pass an examination given by the Vermont state board of dental examiners..."

The list of allowable duties for only those dental assistants regulated to practice under state law will be included in the following tables.

These states, as well as the majority of the other states, mention the difference between direct and general supervision by the dentist when explaining the allowable duties of a dental assistant under each category. California defines these categories much like the other states although the scope under each may vary between states:

"Direct supervision" means supervision of dental procedures based on instructions given by a licensed dentist, who must be physically present in the treatment facility during the performance of those procedures.

"General supervision" means supervision of dental practice based on instructions given by a licensed dentist but not requiring the physical presence of a supervising dentist during the performance of those procedures.

California: Dental Assistant Duties and Settings

(a) Unless specifically so provided by regulation, a dental assistant may not perform the following functions or any other activity which represent the practice of dentistry or requires the knowledge, skill and training of a licensed dentist:

(1) Diagnosis and treatment planning;

(2) Surgical or cutting procedures on hard or soft tissue;

(3) Fitting and adjusting of correctional and prosthodontic appliances;

(4) Prescription of medicines;

(5) Placement, condensation, carving or removal of permanent restorations, including final cementation procedures.

(6) Irrigation and medication of canals, try-in cones, reaming, filing or filling of root canals;

(7) Taking of impressions for prosthodontic appliances, bridges or any other structures which may be worn in the mouth;

(8) Administration of injectable and/or general anesthesia and acupuncture;

(9) Oral prophylaxis procedures.

(b) A dental assistant may perform such basic supportive dental procedures as the following under the General Supervision of a licensed dentist:

(1) Extra-oral duties or functions specified by the supervising dentist;

(2) Operating of dental radiographic equipment for the purpose of oral radiography if the dental assistant has complied with the requirements of Section 1656 of the Code.

(c) A dental assistant may perform such basic supportive dental procedures as the following under the Direct Supervision of a licensed dentist when done so pursuant to the order, control and full professional responsibility of the supervising dentist. Such procedures shall be checked and approved by the supervising dentist prior to dismissal of the patient from the office of said dentist.

(1) Taking of impressions for diagnostic and opposing models;

(2) Application of non-aerosol and non-caustic topical agents;

(3) Removal of post-extraction and periodontal dressings;

(4) Placement of elastic orthodontic separators;

(5) Removal of orthodontic separators;

(6) Assisting in the administration of Nitrous Oxide analgesia or sedation, but shall not start the administration of the gases and shall not adjust the flow of the gases unless instructed to do so by the dentist who shall be present at

the patient's chairside at the implementation of these instructions. This regulation shall not be construed to prevent any person from taking appropriate action in the event of a medical emergency;

(7) Holding anterior matrices;

(8) Removal of sutures;

(9) Taking of intraoral measurements for orthodontic procedures;

(10) Seating of adjusted retainers or headgears, including appropriate instructions;

(11) Checking for loose bands;

(12) Removal of arch wires;

(13) Removal of ligature ties;

(14) Application of topical fluoride, after scaling and polishing by the supervising dentist or a registered dental hygienist;

(15) Placement and removal of rubber dams;

(16) Placing, wedging and removing of matrices.

For the purposes of this section a supervising licensed dentist is defined as the dentist whose patient is receiving the services of a dental assistant in the treatment facility and under the direct control of said licensed dentist.

(a) Unless specifically so provided by regulation, the prohibitions stated in Section 1066(a) of these regulations apply to duties performed by a registered dental assistant.

(b) A registered dental assistant may perform all functions which may be performed by a dental assistant.

(c) Under general supervision, a registered dental assistant may perform the following duties:

(1) Mouth-mirror inspection of the oral cavity, to include charting of obvious lesions, existing restorations and missing teeth;

(2) Placement and removal of temporary sedative dressings.

(d) A registered dental assistant may perform the following procedures under the Direct Supervision of a licensed dentist when done so pursuant to the order, control and full professional responsibility of the supervising dentist. Such procedures shall be checked and approved by the supervising dentist prior to dismissal of the patient from the office of said dentist.

(1) Obtain endodontic cultures;

(2) Dry canals, previously opened by the supervising dentist, with absorbent points;

(3) Test pulp vitality;

(4) Placing of bases and liners on sound dentin;

(5) Removal of cement excess from supragingival surfaces of teeth.

(6) Sizing of stainless steel crowns, temporary crowns and bands;

(7) Temporary cementation and removal of temporary crowns and removal of orthodontic bands;

(8) Placement of orthodontic separators;

(9) Placement and ligation of arch wires;

(10) Placement of post-extraction and periodontal dressings;

(11) Coronal polishing. (Evidence of satisfactory completion of a Board-approved course of instruction in this function must be submitted to the Board prior to any performance thereof.)

A registered dental assistant may perform this function prior to rubber dam application; placement of bands, crowns and restorations; fluoride application; acid etch procedures; or after removal of dressings and packs. This procedure shall not be intended or interpreted as an oral prophylaxis (a procedure specifically reserved to performance by a licensed dentist or dental hygienist). A licensed dentist or dental hygienist shall determine that the teeth to be polished are free of calculus or other extraneous material prior to performance of coronal polishing by a registered dental assistant.

Vermont offers more of a skeletal description:

"The traditional (basic) dental assistant may perform all extraoral duties in the dental office or dental clinic which are assigned by the dentist. During intraoral procedures, the traditional dental assistant may assist the dentist or dental hygienist as directed. However, intraoral procedures which are potentially hazardous to the welfare of the recipient patient may not be independently performed by the traditional dental assistant or other dental personnel who have not received formal training. The traditional dental assistant may take radiographs under a special endorsement of his or her registration upon successful completion of a radiology course provided by an institution accredited by the Commission on Accreditation of Dental and Dental Auxiliary Programs of the American Dental Association."

Composition of State Regulatory Bodies and Functions

All four jurisdictions use a board of dentistry to regulate the dental assisting occupation. California has a committee on dental auxiliaries composed of one dental board member, a licensed dentist who is a member of the board's examining committee, a licensed dentist who is neither a board nor examining committee member, three individuals licensed as registered dental hygienists and three registered dental assistants. This body acts in an advisory capacity to the Dental Board. All the jurisdictions' boards are comprised mostly of dentists; only one state has a dental assistant on the board. See Table VII-2 for details of the boards' names and compositions.

All four jurisdictions use the board as the body which issues the license and promulgates the rules and regulations for the occupation. Three jurisdictions require approval/accreditation of the education programs by the Departments or Councils on Education. Vermont uses the accreditation of the American Dental Association. See Table VII-3.

All four jurisdictions give the power to suspend or revoke a dental assistant's license to the regulating body. The other disciplinary sanctions are listed in Table VII-4.

Three jurisdictions require an examination given by the board; only Michigan requires an additional oral examination. The others may or may not substitute a practical or verbal exam for the written exam. See Table VII-5.

Requirements for Licensure

All four states require that the applicant be a graduate of a course of study in dental assisting. Three states require an apprenticeship before licensure and Puerto Rico stipulates a minimum age and proof of good moral character. Table VII-6 gives further details.

Fee Schedule

Table VII-7 sets out a listing of five fee requirements for applicants.

Interstate Recognition of Credentials

Only California endorses the license of dental assistants from other states, and only Puerto Rico requires a reciprocal arrangement with other states before a license is recognized. Details are given in Table VII-8.

Continuing Education Requirements

Only California requires continuing education for renewal of the state credential. (See Table VII-9).

TABLE VII-1

DENTAL ASSISTANT

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
CALIFORNIA	Licensure (a)	1753 of Dental Practice Act
MICHIGAN	Licensure (a)	333.1611
VERMONT	Licensure	13-863.5
PUERTO RICO	Licensure	94j et seq.

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

a Applicant must be licensed to operate as a "registered dental assistant"

TABLE VII-2

DENTAL ASSISTANT

COMPOSITION OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
CALIFORNIA	Bd. of Dental Examiners	0	4	8[a]	12
	Cmte. on Dental Auxiliaries	3	0	6[b]	9
MICHIGAN	Bd. of Dentistry	1	2	9[c]	13
VERMONT	Bd. of Dental Examiners	0	2	7[d]	9
PUERTO RICO	Bd. of Dental Examiners	0	0	5[a]	5

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

a All others are dentists
b Three others are dental hygienists and three are dentists
c One of the other members is a dental hygienist and seven are dentists
d Five are dentists and two are dental hygienists

TABLE VII-3

DENTAL ASSISTANT

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
CALIFORNIA	Board	Board/Dept. of Education	Board
MICHIGAN	Board	Department	Board
VERMONT	Board	ADA	Board
PUERTO RICO	Board	Council on Higher Education	Board

Source: HPLIS/Council of State Governments; December 31, 1985

TABLE VII-4

DENTAL ASSISTANT

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUS-PEND	RE-VOKE	RESTRICT LICENSE	CEN-SURE	REPRI-MAND	PRO-BATE	FINE	OTHER
CALIFORNIA	x	x	x		x	x		a
MICHIGAN	x	x	x		x	x	x	
VERMONT	x	x						
PUERTO RICO	x	x						

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

a Board can require additional training or continuing education

TABLE VII-5

DENTAL ASSISTANT

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
CALIFORNIA	Board/a		
MICHIGAN	Board	Yes	
VERMONT	b		
PUERTO RICO	Board/a		

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

a Board has the decision on what type of examination is given; one type may be substituted for another
b No examination required by laws

TABLE VII-6

DENTAL ASSISTANT

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	MORALS	INTERNSHIP	AGE	APPRENTICE	U.S. CITI-CITIZENSHIP	STATE RESIDENCY
CALIFORNIA	a or c				18 mos/b		
MICHIGAN	a				2 yrs/b		
VERMONT	a				6 mos/b		
PUERTO RICO	a	GMC*		18			

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

a Graduate of an approved training course
b In substitution for approved program
c Graduate of a secondary training institution, regional occupational center, or regional occupational training program not approved by the board pursuant to the applicant's passing of an eaxamination required by the board or to the approval of a specific program within a school

* GMC = "good moral character"

TABLE VII-7

DENTAL ASSISTANT

SCHEDULE OF FEES

STATE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
CALIFORNIA	$20*	$30*/$50+	$30*		$25	
MICHIGAN		$25	$5/Ann.		$5	
VERMONT	$5*					
PUERTO RICO	$3	$2	$2/4yrs.			

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

* not to exceed
+ clinical exam fee

TABLE VII-8

DENTAL ASSISTANT

RECIPROCITY AND ENDORSEMENT

STATE	RECIPROCITY	ENDORSEMENT	CONDITIONS
CALIFORNIA		x	Credentials
MICHIGAN	No	No	
VERMONT	No	No	
PUERTO RICO	x		

Source: HPLIS/Council of State Governments; December 31, 1985

TABLE VII-9

DENTAL ASSISTANT

CONTINUING COMPETENCY REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
CALIFORNIA	Yes	25 units/biennially
MICHIGAN	No	
VERMONT	No	
PUERTO RICO	No	

Source: HPLIS/Council of State Governments; December 31, 1985

CHAPTER VIII

STATE REGULATION OF DENTURISTS

DENTURIST

Type of State Regulation

There are six states that regulate the practice of denturism; three states license denturists and two states certify them. In the sixth state (Colorado) denturists are recognized under the law and are permitted to provide full dentures under the direct supervision of a dentist but no license is required to practice. A few states, such as Kentucky and Washington, are now considering laws to regulate denturists; others, such as Michigan, have declared the practice of denturism illegal. (See Table VIII-1.)

Scope of Practice

The National Denturist Association has developed a Model Practice Act for denturists. All the states except Colorado, listed as regulating denturists follow closely this Model Act's description of Scope of Practice.

The Model Practice Act describes the "practice of denturism" as: (1) the making, fitting, constructing, altering, reproducing or repairing of a denture and furnishing or supplying of a denture directly to a person or advising the use of a denture; or (2) the taking or making or the giving of advice, assistance, or facilities respecting the taking or making of any impression, bite, cast, or design preparatory to or for the purpose of making, constructing, fitting, furnishing, supplying, altering, repairing, or reproducing a denture.

Composition of State Regulatory Bodies and Functions

In three out of the six states the state board of dental examiners is the regulating body. Two states have created state boards of denturitry and one state regulates through the Health Division of the Department of Human Resources. Four states also have created peer or advisory committees made up of denturists, or denturists plus dentists and public members. All but one state have dentists on their boards. All states require public members on their boards. (See Table VIII-2.)

Every state, except one, gives the board the power to issue the license and promulgate rules or regulations. Oregon reserves these powers to the Health Division. Powers to approve and accredit educational programs are given to the board in three states, delegated to the American Dental Association in two states and, again, given to the Health Division in Oregon. (See Table VIII-3.)

All of the states give the regulating body the authority to suspend or revoke a license. Other disciplinary powers given to each regulatory body are listed in Table VIII-4.

Examination criteria have not been developed in Colorado, but all of the other states delegate to their regulating bodies the authority to develop a written examination. Two states administer oral exams while one state gives the board the option of administering one. A practical exam is given in four states. See Table VIII-5 for complete information.

Requirements for Licensure

Educational requirements have been established for all the states except Colorado, but no state has a full educational program available. See Table VIII-6 for complete initial requirements for license applicants.

Fee Schedule

Table VIII-7 gives information on fees for licensure application, examination and other categories regarding denturists.

Interstate Recognition of Credentials

Two of the six states require a reciprocity agreement for the licensure of denturists from other states and one state endorses the license of denturists from other states. Conditions for reciprocity or endorsement are listed in Table VIII-8.

(Additional information taken from the National Denturists Association, 9-11-85. B. Benedetto, Executive Director)

Continuing Education Requirements

Only two states require continuing education for denturists. Table VIII-9 shows the extent of education required in the six states.

TABLE VIII-1

DENTURIST

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
ARIZONA	Certification	ARS 32-1293
COLORADO	*	
IDAHO	Licensure	Ch. 33 Title 54-3304
MAINE	Licensure	1100 of Rules & Regulations
MONTANA	Licensure[a]	Sect. 3-1 of Rules & Regulations
OREGON	Certification	680.505

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

* Denturists are recognized under the law and are permitted to provide full dentures under the direct supervision of a dentist. No license is necessary

a Rules to date have not been adopted

TABLE VIII-2

DENTURIST

COMPOSITION OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
ARIZONA	Board of Dental Examiners	0	3	6b/c	9
COLORADO	Board of Dental Examiners	2	1	5a	8
IDAHO	State Board of Denturitry	3	2	c	5
MAINE	Board of Dental Examiners	0	1	6/b	7
MONTANA	State Board of Denturitry	2	2	1a/c	5
OREGON	Dept. of Human Resources/Health Div.	d			

Source: HPLIS/Council of State Governments; December 31, 1985

KEY:

a. All other members are dentists
b. The other members are 5 dentists and 1 dental hygienist
c. Peer or advisory committee consists of licensed or certified denturists
d. Peer or advisory committee consists of 2 denturists, 2 dentists, and 3 public members

TABLE VIII-3

DENTURIST

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
ARIZONA	Board	Board	Board
COLORADO	Board	ADA	Board
IDAHO	Board	ADA	Board
MAINE	Board	Board	Board
MONTANTA	Board	Board	Board
OREGON	Division	Division	Division

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

ADA - American Dental Association

TABLE VIII-4

DENTURIST

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUSPEND	REVOKE	RESTRICT LICENSE	CENSURE	REPRIMAND	PROBATE	FINE	OTHER
ARIZONA	x	x		x		x		
COLORADO	x	x		x	x	x		
IDAHO	x	x		x	x	x	x	
MAINE	x	x						
MONTANA	x	x						
OREGON	x	x		x	x	x		

Source: HPLIS/Council of State Governments; December 31, 1985

TABLE VIII-5

DENTURIST

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
ARIZONA	Board		Yes
COLORADO	None		
IDAHO	Board	Yes	Yes
MAINE	Board		
MONTANTA	Board	Yes	Yes
OREGON	Div. of Health	May	Yes

Source: HPLIS/Council of State Governments; December 31, 1985

TABLE VIII-6

DENTURISTS

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	MORALS	INTERN-SHIP	APPREN-TICESHIP	AGE	U.S. CITIZENSHIP	STATE RESIDENCY
ARIZONA	a*	c					
COLORADO	None est.						
IDAHO	a*		2 yrs.			Yes	
MAINE	b*				19		
MONTANA	a*		2 yrs.			6 mos.	
OREGON	b*			2 yrs. or d			

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

a Graduate of an accredited or approved program of denturity
b Application must possess 2 years of training in denture technology from a national r regional accrediting agency accredited program
c Applicant must be of good moral character
d 4,000 hours of practical experience plus a 6 month approved training course

* Full educational program is not available

TABLE VIII-7

DENTURIST

SCHEDULE OF FEES

STATE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
ARIZONA	a	$150	$55-225/Tri	$25		
COLORADO	c					
IDAHO	b	$200	$200/Ann		$10	
MAINE		$35	$35*/Bi		$15	$50
MONTANA	$200/b	$200	$200/Ann		$50	
OREGON		$250	$150/Ann		$50	

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

* Fee is not to exceed this amount
a There is an initial license fee which is one-third of the renewal fee
b There is an initial license fee of $200
c No fees required

Ann - Annual
Bi - Biennial
Tri - Triannual

TABLE VIII-8

DENTURIST

RECIPROCITY AND ENDORSEMENT

STATE	RECIPROCITY	ENDORSEMENT	CONDITIONS
ARIZONA	a		
COLORADO	a		
IDAHO		x	b
MAINE	x		c
MONTANA	x		d
OREGON	a		

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

a	No provision for reciprocity or endorsement in laws
b	Three years previous practice under licensure from another state or Canada immediately prior to application
c	Proof of licensure in a state or Canada where licensure requirements are at least equal to the requirements of this state
d	Five years previous practice under licensure from another state or Canada immediately prior to application

TABLE VIII-9

DENTURIST

CONTINUING COMPETENCY REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
ARIZONA	None	
COLORADO	None	
IDAHO	Yes	24 hours biennially
MAINE	None	
MONTANA	Yes	At least 12 hours annually
OREGON	None	

Source: HPLIS/Council of State Governments; December 31, 1985

CHAPTER IX

STATE REGULATION OF ALLOPATHIC PHYSICIANS

ALLOPATHIC PHYSICIAN

Type of State Regulation

All 50 states, plus the District of Columbia and Puerto Rico regulate physicians through licensure. (See Table IX-1.)

Scope of Practice

Scope of practice of physicians is defined differently in states' licensing statutes. Every state grants unlimited practice rights. Two examples of typical state descriptions of physicians' scopes of practice are from New York, and North Dakota. New York presents a short-form: "The practice of the profession of medicine is defined as diagnosing, treating, operating or prescribing for any human disease, pain, injury, deformity, or physical condition."

North Dakota describes the practice in a longer form.

"Practice of medicine" shall include the practice of medicine, surgery, and obstetrics. The following persons shall be regarded as practicing medicine:

a. One who holds himself out to the public as being engaged within this state in the diagnosis or treatment of diseases or injuries of human beings.

b. One who suggests, recommends, or prescribes any form of treatment for the intended relief or cure of any physical or mental ailment of any person, with the intention of receiving, directly or indirectly, any fee, gift, or compensation.

c. One who maintains an office for the examination or treatment of persons afflicted with disease or injury of the body or mind.

d. One who attaches the title M.D., surgeon, doctor, D.O., osteopathic physician and surgeon or any other similar word or words or abbreviation to his name, indicating that he is engaged in the treatment or diagnosis of the diseases or injuries of human beings shall be held to be engaged in the practice of medicine.

Although the forms are different, the actual "limitations" are the same. All other states follow a similar format to one of these two descriptions. No state puts any greater limitations on the practice of physicians.

Composition of State Regulatory Bodies and Functions

All 50 states plus Puerto Rico use a board of medical licensure to regulate the practice of physicians. Thirty-five of the states or territories have composite boards of allopathic and osteopathic physicians. The remainder of the states have independent allopathic as well as osteopathic boards for their respective professions. The

District of Columbia uses a Commission on Licensure to Practice the Healing Arts. Every jurisdiction has physicians sitting on their boards. A majority of states (37) include public members on their boards. See Table IX-2 for further details.

All states but three give the board power to issue the physicians' license and all states but four give the board the duty of promulgating rules and regulations.

All states give the regulating body the power to suspend or revoke a physician's license. A vast majority of states (33) have the power to put the physician on probation, while a smaller number (31) may reprimand. The various disciplinary sanctions are listed in Table IX-4.

All 50 states, plus Puerto Rico and the District of Columbia now utilize the FLEX (Federation Licensing Exam) to examine applicants for licensure. Puerto Rico also endorses scores from both the National Board of Medical Examiners and the FLEX for licensing purposes. The FLEX is a standardized, objective, multiple-choice comprehensive examination designed to test knowledge and ability in the basic medical sciences and the clinical sciences and competence in patient management.* See Table IX-5 for more information.

Requirements For Licensure

All 50 states, plus the District of Columbia and Puerto Rico require that a physician complete a course of study in medicine. Every jurisdiction but four requires a minimum of a one-year internship, and a majority of states stipulate that the applicant be of "good moral character." For more information see Table IX-6.

Fee Schedule

Table IX-7 describes the fee for licensure application, renewal and other categories regarding physicians.

Interstate Recognition of Requirements

The vast majority of states (42) endorse the licensure of physicians from other states. A few states (10) require a reciprocal arrangement with the other states before the license is recognized. See Table IX-8 for the conditions necessary for reciprocity or endorsement.

Continuing Education Requirements

Approximately half of the states require that the physician take continuing education courses for license renewal. Of these, five states grant statutory authority for continuing education requirements but no specific provisions have yet been adopted. Table IX-9 sets out which states require continuing education and the extent of the education requirements.

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* U.S. Medical Licensure Statistics 1984 and Licensure Requirements 1985, American Medical Association. 1986.

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TABLE IX-1

ALLOPATHIC PHYSICIAN

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
ALABAMA	Licensure	34-24-51
ALASKA	Licensure	ASA 08-64-170
ARIZONA	Licensure	32-1421 et seq
ARKANSAS	Licensure	72-601
CALIFORNIA	Licensure	1303
COLORADO	Licensure	12-36-106(2)
CONNECTICUT	Licensure	20-10 et seq
DELAWARE	Licensure	24 DC Ch 17
FLORIDA	Licensure	458.301 et seq
GEORGIA	Licensure	43-34-26
HAWAII	Licensure	HRS 453-2
IDAHO	Licensure	54-1803
ILLINOIS	Licensure	111 IRS 4403
INDIANA	Licensure	25-22.5-1-1.1 et seq
IOWA	Licensure	147.2
KANSAS	Licensure	KSA 65-2803
KENTUCKY	Licensure	KRS 311.560
LOUISIANA	Licensure	LRS 37:1271
MAINE	Licensure	3270
MARYLAND	Licensure	14-301
MASSACHUSETTS	Licensure	M.G.L. Ch 13 Sect. 10
MICHIGAN	Licensure	17011
MINNESOTA	Licensure	147.01 et seq
MISSISSIPPI	Licensure	73-25-1
MISSOURI	Licensure	334.010
MONTANA	Licensure	37-3-301
NEBRASKA	Licensure	71-102
NEVADA	Licensure	630.150
NEW HAMPSHIRE	Licensure	329:1 et seq
NEW JERSEY	Licensure	45:9-6
NEW MEXICO	Licensure	61-6-18
NEW YORK	Licensure	6522
NORTH CAROLINA	Licensure	90-1 et seq
NORTH DAKOTA	Licensure	NDCC 43-17-16
OHIO	Licensure	47-31, 34 Ohio Revised Code

TABLE IX-1

ALLOPATHIC PHYSICIAN

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
OKLAHOMA	Licensure	59 OS 491
OREGON	Licensure	ORS 677.010 et seq
PENNSYLVANIA	Licensure	63 PS 421.3
RHODE ISLAND	Licensure	5-37-1 et seq
SOUTH CAROLINA	Licensure	40-47-10- et seq
SOUTH DAKOTA	Licensure	36-4-8
TENNESSEE	Licensure	63-6-101
TEXAS	Licensure	Medical Practice Act
UTAH	Licensure	58-12-30
VERMONT	Licensure	26 VSA 1314
VIRGINIA	Licensure	VC 54-274
WASHINGTON	Licensure	18-71-020
WEST VIRGINIA	Licensure	30-3-10
WISCONSIN	Licensure	448.03
WYOMING	Licensure	33-26-101 et seq
DISTRICT OF COLUMBIA	Licensure	DCA 2-1302
PUERTO RICO	Licensure	Act 11

Source: HPLIS/Council of State Governments; December 31, 1985

TABLE IX-2 Page 1 of 3

ALLOPATHIC PHYSICIAN

COMPOSITION OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
ALABAMA	Board of Medical Examiners	10	0	0	10
ALASKA	State Medical Board	5	2	0	7
ARIZONA	Board of Medical Examiners	9	2	1[a]	12
ARKANSAS	State Medical Board	9	0	0	9
CALIFORNIA	Board of Medical Quality Assurance	12	7	0	19
COLORADO	State Board of Medical Examiners	7	2	2[b]	11
CONNECTICUT	Medical Examining Board	6	3	0	9
DELAWARE	Board of Medical Practice	10	2	1[b]	13
FLORIDA	Board of Medical Examiners	9	2	0	11
GEORGIA	Composite State Board of Med. Exam.	10	1	2[b]	13
HAWAI.	Board of Medical Examiners	7	2	0	9
IDAHO	State Board of Medicine	6	0	2[b,c]	8
ILLINOIS	Medical Examining Committee	5	0	2[b,d]	7
INDIANA	Medical Licensing Board	5	1	1[b]	7
IOWA	State Board of Medical Examiners	5	2	2[b]	9
KANSAS	State Board of Healing Arts	5	1	7[e]	13
KENTUCKY	Board of Medical Licensure	5	1	1[b]	7
LOUISIANA	State Board of Medical Examiners	7	0	0	7
MAINE	Board of Registration in Medicine	7	2	0	9
MARYLAND	Board of Medical Examiners	8	2	0	10
MASSACHUSETTS	Board of Registration in Medicine	5	2	0	7
MICHIGAN	Board of Medicine	10	3	1[f]	14

TABLE IX-2 Page 2 of 3

ALLOPATHIC PHYSICIAN

COMPOSITION OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS			
		PROF.	PUB.	OTHER	TOTAL
MINNESOTA	Board of Medical Examiners	7	3	1[b]	11
MISSISSIPPI	State Board of Medical Licensure	9	0	0	9
MISSOURI	State Board of Registration for the Healing Arts	5	1	2[b]	8
MONTANA	State Board of Medical Examiners	6	2	1[o]	9
NEBRASKA	State Board of Examiners in Medicine and Surgery	5	1	1[b]	7
NEVADA	State Board of Medical Examiners	5	2	0	7
NEW HAMPSHIRE	Board of Registration in Medicine	3	1	1[g]	5
NEW JERSEY	Board of Medical Examiners	9	1	5[h]	15
NEW MEXICO	State Board of Medical Examiners	5	0	1[a]	6
NEW YORK	State Board for Medicine	18[i]	0	2[b]	20
NORTH CAROLINA	Board of Medical Examiners	7	1	0	8
NORTH DAKOTA	Board of Medical Examainers	9	0	1[b]	10
OHIO	State Medical Board	7	2	2[n]	11
OKLAHOMA	State Board of Medical Examiners	7	1	0	8
OREGON	Board of Medical Examiners	6	1	1[b]	8
PENNSYLVANIA	State Board of Medical Education	5	2	3[j]	10
RHODE ISLAND	Board of Examiners in Medicine	3	0	0	3
SOUTH CAROLINA	State Board of Medical Examiners	8	1	1[b]	10
SOUTH DAKOTA	State Board of Medical Examiners	4	1	1[b]	6
TENNESSEE	State Board of Medical Examiners	5	0	0	5
TEXAS	State Board of Medical Examiners	9	3	3[b]	15

TABLE IX-2

ALLOPATHIC PHYSICIAN

COMPOSITION OF STATE REGULATORY BOARDS

		NUMBER OF BOARD MEMBERS			
STATE	NAME OF BOARD/DEPARTMENT	PROF.	PUB.	OTHER	TOTAL
UTAH	Physician's Licensing Board	6	1	0	7
VERMONT	State Board of Medical Practice	5	2	0	7
VIRGINIA	State Board of Medicine	10P	0	4[k]	14
WASHINGTON	State Board of Medical Examiners	6	1	0	7
WEST VIRGINIA	Board of Medicine	8	3	4[l]	15
WISCONSIN	Medical Examining Board	7	1	1[b]	9
WYOMING	State Board of Medical Examiners	5	0	1[b]	6
D.C.	Commission on Licensure to Practice the Healing Arts	7	3	1[m]	11
PUERTO RICO	Board of Medical Examiners	9	0	0	9

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

a Licensed Professional Nurse
b Doctor of Osteopathy
c Director of the Department of Law Enforcement
d Doctor of Chiropractic
e Three Doctors of Osteopathy, three Doctors of Chiropractic and one Podiatrist
f Physician's Assistant
g Paramedic
h Doctor of Chiropractic, Podiatrist, Doctor of Osteopathy, Bio-Analytical Laboratory Director, and Executive Department designee
i Not less than
j One allied health science practitioner, the Commissioner of Professional and Occupational Affairs and one Secretary of Health
k One Doctor of Osteopathy, one Podiatrist, one Doctor of Chiropractic and one Clinical Psychologist
l One physician's assistant, two Podiatrists and one Director of Health (Ex officio)
m Director of the Department of Human Services
n One Doctor of Osteopathy and one Doctor of Podiatric Medicine
o One Podiatrist
p One physician from each Congressional District

TABLE IX-3 Page 1 of 2

ALLOPATHIC PHYSICIAN

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	PROMULGATE REGULATIONS
ALABAMA	Board	Board
ALASKA	Board	Board
ARIZONA	Board	Board
ARKANSAS	Board	Board
CALIFORNIA	Board (a)	Board (b)
COLORADO	Board	Board
CONNECTICUT	Board	(c)
DELAWARE	Board	Board
FLORIDA	Dept. of Prof. Regulation	Board
GEORGIA	Board	Board
HAWAII	Board	Board
IDAHO	Board	Board
ILLINOIS	Dept. of Reg. & Education	Dept.
INDIANA	Board	Board
IOWA	Board	Board
KANSAS	Board	Board
KENTUCKY	Board	Board
LOUISIANA	Board	Board
MAINE	Board	Board
MARYLAND	Board	Board
MASSACHUSETTS	Board	Board
MICHIGAN	Board	Board
MINNESOTA	Board	Board
MISSISSIPPI	Board	Board
MISSOURI	Board	Board
MONTANA	Board	Board
NEBRASKA	Dept. of Health	Dept.
NEVADA	Board	Board
NEW HAMPSHIRE	Board	Board
NEW JERSEY	Board	Board
NEW MEXICO	Board	Board
NEW YORK	Board	Commr. of Health
NORTH CAROLINA	Board	Board
NORTH DAKOTA	Board	Board
OHIO	Board	Board

TABLE IX-3

ALLOPATHIC PHYSICIAN

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	PROMULGATE REGULATIONS
OKLAHOMA	Board	Board
OREGON	Board	Board
PENNSYLVANIA	Board	Board
RHODE ISLAND	Board	Board
SOUTH CAROLINA	Board	Board
SOUTH DAKOTA	Board	Board
TENNESSEE	Board	Board
TEXAS	Board	Board
UTAH	Board	Board
VERMONT	Board	Board
VIRGINIA	Board	Board
WASHINGTON	Board	Board
WEST VIRGINIA	Board	Board
WISCONSIN	Board	Board
WYOMING	Board	Board
D.C.	Commr. of Public Health	Board
PUERTO RICO	Board	Board

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

a Division of Licensing
b Handled separately by divisions (Medical Quality, Licensing and Allied Health Professions)
c Commissioner of Health Services with advice and assistance from the board

TABLE IX-4

Page 1 of 2

ALLOPATHIC PHYSICIAN

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUS-PEND	RE-VOKE	RESTRICT LICENSE	CEN-SURE	REPRI-MAND	PRO-BATE	FINE	OTHER
ALABAMA	X	X						
ALASKA	X	X	X	X	X	X		
ARIZONA	X	X	X	X		X		a
ARKANSAS	X	X				X		
CALIFORNIA	X	X			X	X		b
COLORADO	X	X	X	X		X		c
CONNECTICUT	X	X	X	X	X	X	X	X
DELAWARE	X	X	X	X	X	X	X	
FLORIDA	X	X	X		X	X	$1,000d	
GEORGIA	X	X	X		X	X		e
HAWAII	X	X	X			X		f
IDAHO	X	X	X		X	X		
ILLINOIS	X	X	X			X		
INDIANA	X	X	X	X	X	X		
IOWA	X	X	X		X	X	$1,000	e,f
KANSAS	X	X	X					
KENTUCKY	X	X	X		X	X		
LOUISIANA	X	X	X	X	X	X		
MAINE	X	X				X		
MARYLAND	X	X			X	X		g
MASSACHUSETTS	X	X	X	X	X	X		
MICHIGAN	X	X	X		X	X		
MINNESOTA	X	X	X	X				
MISSISSIPPI	X	X	X		X	X		e,f,h
MISSOURI	X	X	X		X			e
MONTANA	X	X				X		b
NEBRASKA	X	X	X	X	X	X		
NEVADA	X	X	X		X	X		
NEW HAMPSHIRE	X	X	X		X			e,f,h
NEW JERSEY	X	X					$200	
NEW MEXICO	X	X	X	X	X	X	X	
NEW YORK	X	X		X	X		$500	
NORTH CAROLINA	X	X						
NORTH DAKOTA	X	X		X	X	X		
OHIO	X	X		X	X	X	X	

TABLE IX-4

ALLOPATHIC PHYSICIAN

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUS-PEND	RE-VOKE	RESTRICT LICENSE	CEN-SURE	REPRI-MAND	PRO-BATE	FINE	OTHER
OKLAHOMA	X	X						
OREGON	X	X	X			X	$5,000	
PENNSYLVANIA	X	X	X		X	X		e
RHODE ISLAND	X	X						
SOUTH CAROLINA	X	X	X		X			b
SOUTH DAKOTA	X	X						
TENNESSEE	X	X	X		X			j
TEXAS	X	X	X		X	X		e,f,h,i
UTAH	X	X						
VERMONT	X	X	X		X			b
VIRGINIA	X	X		X	X	X		
WASHINGTON	X	X						b
WEST VIRGINIA	X	X	X		X	X		e
WISCONSIN	X	X	X		X			
WYOMING	X	X	X					b
D.C.	X	X	X	X	X	X	$5,000	
PUERTO RICO	X	X		X		X		

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

a File a letter of concern
b Other action as deemed proper
c A letter of admonition
d Per each count or offense
e Submit to care, counseling or treatment
f Require further education
g Commission on Medical Discipline of Maryland
h Practice under supervision
i Public service
j Submit to mental or physical examination

X Means the board is given this power in law

TABLE IX-5

ALLOPATHIC PHYSICIAN

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED*	ORAL	PRACTICAL
ALABAMA	Flex		
ALASKA	Flex	Yes	
ARIZONA	Flex	Yes	
ARKANSAS	Flex		
CALIFORNIA	Flex	May	May
COLORADO	Flex		
CONNECTICUT	Flex		
DELAWARE	Flex		
FLORIDA	Flex		
GEORGIA	Flex		
HAWAII	Flex		
IDAHO	Flex	b	
ILLINOIS	Flex		
INDIANA	Flex		
IOWA	Flex	b	May
KANSAS	Flex		
KENTUCKY	Flex		
LOUISIANA	Flex		
MAINE	Flex	Yes	
MARYLAND	Flex		
MASSACHUSETTS	Flex		
MICHIGAN	Flex		
MINNESOTA	Flex		
MISSISSIPPI	Flex		
MISSOURI	Flex		
MONTANA	Flex	b	
NEBRASKA	Flex		
NEVADA	Flex		
NEW HAMPSHIRE	Flex	b	
NEW JERSEY	Flex		
NEW MEXICO	Flex		
NEW YORK	Flex		
NORTH CAROLINA	Flex		
NORTH DAKOTA	Flex		
OHIO	Flex		

TABLE IX-5

ALLOPATHIC PHYSICIAN

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED*	ORAL	PRACTICAL
OKLAHOMA	Flex		
OREGON	Flex		
PENNSYLVANIA	Flex		
RHODE ISLAND	Flex		
SOUTH CAROLINA	Flex		
SOUTH DAKOTA	Flex		
TENNESSEE	Flex		May
TEXAS	Flex		
UTAH	Flex		
VERMONT	Flex	b	
VIRGINIA	Flex		
WASHINGTON	Flex		
WEST VIRGINIA	Flex	b	
WISCONSIN	Flex	Yes	
WYOMING	Flex		
D.C.	Flex		
PUERTO RICO	a		

*Source: U.S. Medical Licensure Statistics 1984 and Licensure Requirements 1985, American Medical Association. 1986.

Key:

FLEX = Federation Licensing Exam

a Recognizes scores from either the National Board of Medical Examiners or Federation Licensing Exam (Flex)
b Interview required

Blank spaces mean no requirement is listed in law

TABLE IX-6 Page 1 of 2

ALLOPATHIC PHYSICIAN

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	MORALS	INTERNSHIP	AGE	U.S. CITIZENSHIP	STATE RESIDENCY
ALABAMA	a		1 yr.			
ALASKA	a		1 yr.		yes	
ARIZONA	a	b	1 yr.			
ARKANSAS	a	GMC	1 yr.	21	yes	
CALIFORNIA	a		1 yr.			
COLORADO	a	GMC	1 yr.	21		
CONNECTICUT	a		2 yrs.			
DELAWARE	a	GMC	1 yr.			
FLORIDA	a		1 yr.			
GEORGIA	a	GMC	1 yr.			
HAWAII	a		1 yr.			
IDAHO	a	GMC	1 yr.			
ILLINOIS	a	GMC	1 yr.	21		
INDIANA	a	b	1 yr.			
IOWA	a		1 yr.			
KANSAS	a	GMC	1 yr.	legal age		
KENTUCKY	a		1 yr.			
LOUISIANA	a	GMC	None	21	yes	
MAINE	a		2 yrs.			
MARYLAND	a	GMC	1 yr.	18		
MASSACHUSETTS	e		1 yr.	18		
MICHIGAN	a	GMC	1 yr.	18		
MINNESOTA	a	GMC	1 yr.			
MISSISSIPPI	a	GMC	1 yr.	21		c
MISSOURI	a	GMC	None			
MONTANA	a	GMC	1 yr.			
NEBRASKA	a		1 yr.			
NEVADA	a	GMC	1 yr.		yes	
NEW HAMPSHIRE	a	GMC	2 yrs.	18		
NEW JERSEY	a	GMC	1 yr.	21		
NEW MEXICO	a	GMC	1 yr.			
NEW YORK	a	GMC	1 yr.	21		
NORTH CAROLINA	a	GMC	1 yr.		yes/d	
NORTH DAKOTA	a		1 yr.	18		
OHIO	a		None			

TABLE IX-6 Page 2 of 2

ALLOPATHIC PHYSICIAN

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	MORALS	INTERNSHIP	AGE	U.S. CITIZENSHIP	STATE RESIDENCY
OKLAHOMA	a	GMC	1 yr.			
OREGON	a	GMC	1 yr.			
PENNSYLVANIA	a	GMC	1 yr.	legal age		
RHODE ISLAND	a	GMC	1 yr.		yes	
SOUTH CAROLINA	a	GMC	1 yr.	21		
SOUTH DAKOTA	a	GMC	1 yr.	18	yes	
TENNESSEE	a	GMC	None		yes	
TEXAS	a	GMC	1 yr.	21		
UTAH	a	GMC	1 yr.	21	yes	
VERMONT	a	GMC	1 yr.	18		
VIRGINIA	a	GMC	1 yr.	18		
WASHINGTON	a	GMC	1 yr.			
WEST VIRGINIA	a	GMC	1 yr.			
WISCONSIN	a		1 yr.			
WYOMING	a		1 yr.			
D.C.	a	GMC	1 yr.	18		
PUERTO RICO	a		1 yr.	legal age	6 mos.	

Sources:

1. HPLIS/Council of State Governments; December 31, 1985
2. U.S. Medical Licensure Statistics (1984) and Licensure Requirements (1985), American Medical Association, Chicago, Illinois 1986

Key:

GMC = Good Moral Character
a Graduate of an approved college of medicine
b Applicant must have committed no disciplinary violation
c Residency established within 1 year before application
d Accepts citizenship from Canada
e. Four years of not less than 32 weeks each in a legally chartered medical school

Blank spaces mean no requirement is listed in law

TABLE IX-7

Page 1 of 2

ALLOPATHIC PHYSICIAN

SCHEDULE OF FEES

STATE	APPLICATION	EXAM	RENEWAL*	TEMPORARY	DUPLICATE	RECIPROCAL*
ALABAMA	175	200	50/Ann			175
ALASKA	50	200	600/4 yrs.	50		200
ARIZONA		350	150/Ann	50	50	350
ARKANSAS		225	25/Ann	50		250
CALIFORNIA	100	473	200/Bi(a)		10	100
COLORADO		300	78/Bi			197
CONNECTICUT		150	160/Ann	150		150
DELAWARE		390	30/Bi			150
FLORIDA	50	350	100/Bi	100		350
GEORGIA		330	50/Bi		10	200
HAWAII		350	190/Bi	75		125
IDAHO	200	225	75/Ann	75		225
ILLINOIS		282	105/Tri			175
INDIANA		315	40/Bi			200
IOWA		350	100/Ann	150	10	200
KANSAS	150	265	50/Ann	30	15	130
KENTUCKY	150	350	65/Ann	50	10	150
LOUISIANA		390	50/Ann			200
MAINE	100	100	75/Bi	50		125
MARYLAND		300	50/Bi			200
MASSACHUSETTS		275	100/Bi			150
MICHIGAN	165	165	120/Tri	30		105
MINNESOTA		400	40/Ann			100
MISSISSIPPI	35.25	350	40/Ann			200
MISSOURI		250	30/Ann	30		250
MONTANA	100	340	35/Ann	25		100
NEBRASKA		350	20/Ann			200
NEVADA	200	440	300/Bi	50		200
NEW HAMPSHIRE		150	50/Ann			150
NEW JERSEY		300	80/Bi			150
NEW MEXICO		300	30/Ann			200
NEW YORK	100	280	120/Tri			205
NORTH CAROLINA	200	400	50/Bi	100		100
NORTH DAKOTA	100	400	60/Ann	100		150
OHIO		160	100/Bi			185

TABLE IX-7

Page 2 of 2

ALLOPATHIC PHYSICIAN

SCHEDULE OF FEES

STATE	APPLICATION	EXAM	RENEWAL*	TEMPORARY	DUPLICATE	RECIPROCAL*
OKLAHOMA	250	490	100/Ann		15	300
OREGON	200	540	85/Ann		15	200
PENNSYLVANIA		275	50/Bi	10		100
RHODE ISLAND		150	50/Ann			150
SOUTH CAROLINA		400	60/Ann			300
SOUTH DAKOTA		400	25/Ann			100
TENNESSEE	100	300	35/Ann			175
TEXAS		400	36/Ann	50	45	600
UTAH		250	50/Bi			100
VERMONT	105	200	50/Ann			105
VIRGINIA		500	50/Bi		25	225
WASHINGTON	75	125	60/Ann		5	75
WEST VIRGINIA		250	50/Bi			150
WISCONSIN	50	240	82/Bi		5	40
WYOMING		300	40/Ann			100
D.C.		210	120/Bi			200
PUERTO RICO		50	50/Tri		50	50

*Source: U.S. Medical Licensure Statistics 1984 and Licensure Requirements 1985. American Medical Association. 1986.

Key:

a Initial License is $200

Blank spaces mean no fee levels are listed in the statutes or regulations.

TABLE IX-8

Page 1 of 2

ALLOPATHIC PHYSICIAN

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS
ALABAMA	Endorsement	a
ALASKA	Endorsement	a,b
ARIZONA	Endorsement	a
ARKANSAS	Endorsement	a
CALIFORNIA	Endorsement	a
COLORADO	Reciprocity	a
CONNECTICUT	Endorsement	a
DELAWARE	Reciprocity	a
FLORIDA	Endorsement	a,c
GEORGIA	Reciprocity	a
HAWAII	Endorsement	a
IDAHO	Endorsement	a,b
ILLINOIS	Reciprocity	a
INDIANA	Endorsement	a
IOWA	Reciprocity	a
KANSAS	Endorsement	a,d
KENTUCKY	Endorsement	a
LOUISIANA	Endorsement	a
MAINE	Endorsement	a
MARYLAND	Reciprocity	a
MASSACHUSETTS	Endorsement	a
MICHIGAN	Endorsement	a,e
MINNESOTA	Endorsement	a,f
MISSISSIPPI	Endorsement	a,b
MISSOURI	Endorsement	a
MONTANA	Endorsement	a
NEBRASKA	Endorsement	a,g
NEVADA	Endorsement	a
NEW HAMPSHIRE	Endorsement	a
NEW JERSEY	Endorsement	a
NEW MEXICO	Endorsement	a
NEW YORK	Endorsement	a
NORTH CAROLINA	Endorsement	a,b
NORTH DAKOTA	Endorsement	a
OHIO	Endorsement	a

TABLE IX-8

ALLOPATHIC PHYSICIAN

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS
OKLAHOMA	Endorsement	a,g
OREGON	Endorsement	a,c
PENNSYLVANIA	Endorsement	a,c
RHODE ISLAND	Reciprocity	a,c
SOUTH CAROLINA	Endorsement	a
SOUTH DAKOTA	Endorsement	a,c
TENNESSEE	Reciprocity	a
TEXAS	Endorsement	a,h
UTAH	Endorsement	a
VERMONT	Reciprocity	a
VIRGINIA	Endorsement	a
WASHINGTON	Endorsement	a
WEST VIRGINIA	Endorsement	a
WISCONSIN	Endorsement	a
WYOMING	Reciprocity	a
DISTRICT OF COLUMBIA	Endorsement	a,e
PUERTO RICO	Endorsement	a

Source: HPLIS/Council of State Governments; December 31,1985

Key:

a	Applicant must hold license by exam from other states having the same or higher standards
b	Personal interview required
c	Board may require an oral exam
d	Must be in active practice in previous state
e	Proof of good standing in previous state
f	Five years active practice immediately prior to application
g	Fee
h	Must take jurisprudence test

TABLE IX-9

ALLOPATHIC PHYSICIAN

CONTINUING COMPETENCY REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
ALABAMA	No	
ALASKA	Yes	17 hrs/Ann
ARIZONA	Yes	20 hrs/Ann
ARKANSAS	a	
CALIFORNIA	Yes	25 hrs/Ann
COLORADO	No	
CONNECTICUT	No	
DELAWARE	No	
FLORIDA	Yes	60 hrs/Tri
GEORGIA	No	
HAWAII	Yes	50 hrs/Ann
IDAHO	No	
ILLINOIS	a	
INDIANA	No	
IOWA	Yes	40 hrs/Bi
KANSAS	Yes	150 hrs/Tri
KENTUCKY	a	
LOUISIANA	No	
MAINE	Yes	50 hrs/Ann
MARYLAND	Yes	100 hrs/Bi
MASSACHUSETTS	Yes	100 hrs/Bi
MICHIGAN	Yes	150 hrs/Tri
MINNESOTA	Yes	75 hrs/Tri
MISSISSIPPI	No	
MISSOURI	No	
MONTANA	No	
NEBRASKA	a	
NEVADA	a	
NEW HAMPSHIRE	Yes	150 hrs/Tri
NEW JERSEY	No	
NEW MEXICO	Yes	75 hrs/Tri
NEW YORK	No	
NORTH CAROLINA	No	
NORTH DAKOTA	No	
OHIO	Yes	100 hrs/Bi

TABLE IX-9

ALLOPATHIC PHYSICIAN

CONTINUING COMPETENCY REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
OKLAHOMA	No	
OREGON	No	
PENNSYLVANIA	No	
RHODE ISLAND	Yes	60 hrs/Tri
SOUTH CAROLINA	No	
SOUTH DAKOTA	No	
TENNESSEE	No	
TEXAS	No	
UTAH	Yes	75 hrs/Tri
VERMONT	No	
VIRGINIA	No	
WASHINGTON	Yes	150 hrs/Tri
WEST VIRGINIA	No	
WISCONSIN	Yes	30 hrs/Bi
WYOMING	No	
DISTRICT OF COLUMBIA	No	
PUERTO RICO	Yes	

*Source: U.S. Medical Licensure Statistics 1984 and Licensure Requirements 1985. American Medical Association. 1986.

Key:

a Statutory authority; no regulations adopted

CHAPTER X

STATE REGULATION OF OSTEOPATHIC PHYSICIANS

OSTEOPATHIC PHYSICIAN

Type of State Regulation

All 50 states, plus the District of Columbia and Puerto Rico regulate osteopaths through licensure. (See Table X-1).

Scope of Practice

Many states do not extensively define the scope of physicians' practicing rights in licensing statutes. Depending on the state, a DO may receive a license to practice "medicine and surgery," "osteopathic medicine and surgery," "osteopathy and surgery," or "osteopathy," and all may convey the same rights. Every state has "unlimited" practice rights which, for practical purposes, means the treatment of human ailments by any and all methods, and can be comparably described as the same practice right received by MDs.*

Scopes of practice can be defined by a broad statement such as that of New York:

> "The practice of the profession of medicine is defined as diagnosing, treating, operating or prescribing for any human disease, pain, injury, deformity or physical condition."

Or the scope of practice may be defined in more detail such as that of Oregon:

> "A person is practicing medicine if he does one or more of the following:
>
> (1) Advertise, hold out to the public or represent in any manner that he is authorized to practice medicine in this state.
>
> (2) For compensation directly or indirectly received or to be received, offer or undertake to prescribe, give or administer any drug or medicine for the use of any other person.
>
> (3) Offer to undertake to perform any surgical operation upon any person.
>
> (4) Offer to undertake to diagnose, cure or treat in any manner, or by any means, methods or devices, any disease, illness, pain, wound, fracture, infirmity, deformity, defect or abnormal physical or mental condition of any person.
>
> (5) Except as provided in ORS 677.060 [those not within the scope of practice] append the letters "MD," or "DO" to his name, or use the words "Doctor," "Physician," "Surgeon," "Professor," "Healer" or "Specialist," or any abbreviation

or combination thereof, or any letters or words of similar import in connection with his name, or any trade name in which he is interested, in the conduct of any occupation or profession pertaining to the diagnosis or treatment of human diseases or conditions mentioned in this section.

(6) Act as the representative or agent of any person in doing any of the things mentioned in subsections (1) to (5) of this section.

Most states fall in between these two descriptions; each one defines the scope of practice in the same broad terms as one of the two examples above.

Composition of State Regulatory Bodies and Functions

As explained in the chapter on allopathic physicians in the section on Composition of State Regulatory Bodies and Functions, 35 states or territories have composite boards of allopathic and osteopathic physicians. The remaining states utilize independent boards for osteopathic and allopathic physicians. For details see Table X-2. The majority of states (41) have osteopaths sitting on their boards. A breakdown shows all boards of osteopathy (17) have at least two osteopaths on the board while 24 boards of medical licensure have at least one osteopath on the board. Eleven boards of medical licensure have no osteopath members. Thirty-seven states include public members on their boards with 23 of those sitting on medical boards and six sitting on boards of osteopathy. See Table X-2 for more information.

A majority of states utilize the board as the body which issues the license and promulgates rules and regulations. See Table X-3 for further details.

All states give the regulating body the power to suspend and revoke an osteopath's license. Twenty-nine states have the power to restrict a license, 27 states may reprimand and 27 may put an osteopath on probation. The various disciplinary sanctions are listed in Table X-4.

Most of the states now utilize the FLEX (Federation Licensing Exam) exam which is a three-day, objective, multiple-choice comprehensive examination designed to test knowledge and ability in the basic medical sciences and the clinical sciences and competence in patient management. Other states will accept the National Board of Examiners for Osteopathic Physicians and Surgeons exam and/or an individual board developed exam. Since most states use a nationally standardized test, the need for individual board administered oral or practical exams is not included in most states' laws. See Table X-5 for details.

Requirements for Licensure

All states, plus the District of Columbia and Puerto Rico, require that an osteopath complete a course of study in osteopathic medicine. All but seven states require an internship of at least one year. (See Table X-6).

Fee Schedule

Table X-7 describes the fee for licensure application and five other categories of common fees.

Interstate Recognition of Credentials

Thirty-three states require reciprocal arrangements with other states before the license is recognized. Nineteen states endorse the license of osteopaths from other states. See Table X-8 for the requirements regarding endorsement and reciprocity.

Continuing Education Requirements

Twenty-three states require that the osteopath meet continuing education requirements for license renewal. Table X-9 sets out which states require continuing education and the extent of that education.

*Supplemental Source: Osteopathic Licensing Summary, American Osteopath Association, 1984.

TABLE X-1

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OSTEOPATHIC PHYSICIAN

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
ALABAMA	Licensure	34-24-51
ALASKA	Licensure	ASA 08.64.170
ARIZONA	Licensure	32-1822
ARKANSAS	Licensure	72-601 et seq
CALIFORNIA	Licensure	1303
COLORADO	Licensure	12-36-106(2)
CONNECTICUT	Licensure	20-17 et seq
DELAWARE	Licensure	24 D.C. Ch.17
FLORIDA	Licensure	459.006
GEORGIA	Licensure	43-34-26
HAWAII	Licensure	460-1
IDAHO	Licensure	54-1803
ILLINOIS	Licensure	111 IRS 4403
INDIANA	Licensure	25-22.5-1-1.1 et seq
IOWA	Licensure	147.2
KANSAS	Licensure	KSA 65-2803
KENTUCKY	Licensure	KRS 311.560
LOUISIANA	Licensure	LRS 37:12, 61-12-92
MAINE	Licensure	Title 32 Ch. 36-2571
MARYLAND	Licensure	14-301
MASSACHUSETTS	Licensure	M.G.L.Ch. 13 Sect. 10
MICHIGAN	Licensure	17512
MINNESOTA	Licensure	147.01 et seq
MISSISSIPPI	Licensure	73-25-25
MISSOURI	Licensure	RSMO 334.010
MONTANA	Licensure	37-5-301
NEBRASKA	Licensure	71-1, 137
NEVADA	Licensure	NRS. 633
NEW HAMPSHIRE	Licensure	329:1 et seq
NEW JERSEY	Licensure	45:9-6
NEW MEXICO	Licensure	61-10-1
NEW YORK	Licensure	6522
NORTH CAROLINA	Licensure	NCCL sect. 90-1 et seq
NORTH DAKOTA	Licensure	43-17-16
OHIO	Licensure	47-31.43 Ohio Rev. Code

TABLE X-1

OSTEOPATHIC PHYSICIAN

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
OKLAHOMA	Licensure	59 OS 491
OREGON	Licensure	677.010 et seq
PENNSYLVANIA	Licensure	1885 sect 3
RHODE ISLAND	Licensure	5-36-1
SOUTH CAROLINA	Licensure	40-47-10
SOUTH DAKOTA	Licensure	36-4-8
TENNESSEE	Licensure	63-9-101
TEXAS	Licensure	1.02 (2)
UTAH	Licensure	58-12-3
VERMONT	Licensure	26 VSA 1791
VIRGINIA	Licensure	VC 54-274
WASHINGTON	Licensure	RCW 18.57 et seq
WEST VIRGINIA	Licensure	30-14-1 et seq
WISCONSIN	Licensure	448.03
WYOMING	Licensure	33-26-101 et seq
DISTRICT OF COLUMBIA	Licensure	DCA 2-1302
PUERTO RICO	Licensure	Act 11

Source: HPLIS/Council of State Governments; December 31, 1985

TABLE X-2

OSTEOPATHIC PHYSICIAN

COMPOSITION OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
ALABAMA	Board of Medical Examiners	0	0	10[a]	10
ALASKA	State Medical Boards	0	2	5[a]	7
ARIZONA	Board of Osteopathic Examiners in Medicine and Surgery	4	1	0	5
ARKANSAS	State Medical Board	0	0	9[a]	9
CALIFORNIA	Board of Osteopathic Examiners	5	2	0	7
COLORADO	Board of Medical Examiners	2	2	7[a]	11
CONNECTICUT	Osteopathic Examining Board	3	2	0	5
DELAWARE	Board of Medical Practice	1	2	10[a]	13
FLORIDA	Board of Osteopathic Examiners	5	2	0	7
GEORGIA	Composite St. Bd. of Medical Exams.	2	1	10[a]	13
HAWAII	Board of Osteopathic Examiners	3	2	0	5
IDAHO	State Board of Medicine	1	0	7[a,b]	8
ILLINOIS	Medical Examining Committee	1	0	6[a,c]	7
INDIANA	Medical Licensing Board	1	1	5	7
IOWA	State Board of Medical Examiners	2	2	5[a]	9
KANSAS	Board of Healing Arts	3	1	9[d]	13
KENTUCKY	State Board of Medical Licensure	1	1	5[a]	7
LOUISIANA	State Board of Medical Examiners	0	0	7[a]	7
MAINE	Board of Osteopathic Examination and Registration	5	1	0	6
MARYLAND	Board of Medical Examiners	0	2	8	10
MASSACHUSETTS	Board of Registration in Medicine	0	2	5	7

TABLE X-2

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OSTEOPATHIC PHYSICIAN

COMPOSITION OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
MICHIGAN	Board of Osteopathic Med. & Surgery	5	1	1[e]	7
MINNESOTA	Board of Medical Examiners	1	3	7[a]	11
MISSISSIPPI	State Board of Medical Licensure	0	0	9[a]	9
MISSOURI	State Board of Registration for the Healing Arts	2	1	5[a]	8
MONTANA	State Board of Medical Examiners	1	2	6[k]	9
NEBRASKA	State Board of Examiners in Medicine and Surgery	1	1	5[a]	7
NEVADA	Board of Osteopathic Examiners	4	1	0	5
NEW HAMPSHIRE	Board of Registration in Medicine	0	1	4[f]	5
NEW JERSEY	Board of Medical Examiners	1	1	13[g]	15
NEW MEXICO	Board of Osteopathic Medical Examrs.	5	1	0	6
NEW YORK	State Board of Medicine	2	0	18[a]	20
NORTH CAROLINA	Board of Medical Examiners	0	1	7[a]	8
NORTH DAKOTA	Board of Medical Examiners	1	0	9	10
OHIO	State Medical Board	1	2	8[h]	11
OKLAHOMA	Board of Osteopathic Examiners	6	1	0	7
OREGON	Board of Medical Examiners	1	1	6[a]	9
PENNSYLVANIA	State Board of Osteopathic Medical Examiners	5	2	1[i]	8
RHODE ISLAND	Board of Examiners in Osteopathy	2	0	1[a]	3
SOUTH CAROLINA	State Board of Medical Examiners	1	1	8[a]	10
SOUTH DAKOTA	Board of Medical & Osteopathic Examiners	1	1	4[a]	6

TABLE X-2 Page 3 of 3

OSTEOPATHIC PHYSICIAN

COMPOSITION OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
TENNESSEE	Board of Osteopathic Examiners	5	0	0	5
TEXAS	State Board of Medical Examiners	3	3	9[a]	15
UTAH	Osteopathic Committee	4	1	0	5
VERMONT	Board of Osteopathic Examination and Registration	3	0	0	3
VIRGINIA	State Board of Medicine	1	0	4[j]	5
WASHINGTON	State Board of Osteopathic Medicine	6	1	0	7
WEST VIRGINIA	Board of Osteopathy	3	0	0	3
WISCONSIN	Medical Examining Board	1	1	7[a]	9
WYOMING	State Board of Medical Examiners	1	0	5[a]	6
D.C.	Commission on Licensure to Practice the Healing Arts	0	3	8[a]	11
PUERTO RICO	Board of Medical Examiners	0	0	9[a]	9

Sources: 1. HPLIS/Council of State Governments; December 31, 1985
2. _Osteopathic Licensing Summary_, American Osteopathic Association, 1984

Key:

a MDs
b Director of the Department of Law Enforcement
c One doctor of chiropractic
d Five MDs, one DPM, three DCs
e PA
f Three MDs, one paramedic
g Nine MDs, one DC, one Podiatrist, a BW-Analytical Laboratory Director and one executive department designee
h Seven MDs, one DPM
i The Commissioner of Professional and Occupational Affairs
j One Podiatrist, one DC, one clinical Psychologist and one MD from each congressional district
k Five MDs and one Podiatrist

TABLE X-3 Page 1 of 2

OSTEOPATHIC PHYSICIAN

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	PROMULGATE REGULATIONS
ALABAMA	Board	Board
ALASKA	Board	Board
ARIZONA	Board	Board
ARKANSAS	Board	Board
CALIFORNIA	Board	Board
COLORADO	Board	Board
CONNECTICUT	Dept. of Health Services	Board
DELAWARE	Board	Board
FLORIDA	Dept. of Prof. Regulation	Board
GEORGIA	Board	Board
HAWAII	Board	Board
IDAHO	Board	Board
ILLINOIS	Dept. of Reg. & Education	Dept. of Reg. & Education
INDIANA	Board	Board
IOWA	Board	Board
KANSAS	Board	Board
KENTUCKY	Board	Board
LOUISIANA	Board	Board
MAINE	Board	Board
MARYLAND	Board	Board
MASSACHUSETTS	Board	Board
MICHIGAN	Board	Board
MINNESOTA	Board	Board
MISSISSIPPI	Board	Board
MISSOURI	Board	Board
MONTANA	Board	Board
NEBRASKA	Dept. of Health	Dept. of Health
NEVADA	Board	Board
NEW HAMPSHIRE	Board	Board
NEW JERSEY	Board	Board
NEW MEXICO	Board	Board
NEW YORK	Board	Commr. of Health
N. CAROLINA	Board	Board
NORTH DAKOTA	Board	Board
OHIO	Board	Board

TABLE X-3 Page 2 of 2

OSTEOPATHIC PHYSICIAN

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	PROMULGATE REGULATIONS
OKLAHOMA	Board	Board
OREGON	Board	Board
PENNSYLVANIA	Board	Board
RHODE ISLAND	Board	Board
S. CAROLINA	Board	Board
SOUTH DAKOTA	Board	Board
TENNESSEE	Board	Board
TEXAS	Board	Board
UTAH	Board	Board
VERMONT	Board	Board
VIRGINIA	Board	Board
WASHINGTON	Board	Board
WEST VIRGINIA	Board	Board
WISCONSIN	Board	Board
WYOMING	Board	Board
D.C.	Commr. of Public Health	Mayor
PUERTO RICO	Board	Board

Source: HPLIS/Council of State Governments; December 31, 1985

TABLE X-4

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OSTEOPATHIC PHYSICIAN

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUSPEND	REVOKE	RESTRICT LICENSE	CENSURE	REPRIMAND	PROBATE	FINE	OTHER
ALABAMA	x	x						
ALASKA	x	x	x	x	x	x		
ARIZONA	x	x			x	x		
ARKANSAS	x	x				x		
CALIFORNIA	x	x	x	x	x	x		
COLORADO	x	x	x			x		a
CONNECTICUT	x	x						d
DELAWARE	x	x	x	x	x	x	x	
FLORIDA	x	x	x		x	x	$1,000	
GEORGIA	x	x	x		x	x		a
HAWAII	x	x	x			x	x	b
IDAHO	x	x	x		x	x		
ILLINOIS	x	x	x			x		
INDIANA	x	x	x	x	x	x		
IOWA	x	x	x		x	x	$1,000	c,b,d
KANSAS	x	x	x					
KENTUCKY	x	x	x		x			
LOUISIANA	x	x	x	x	x	x		
MAINE	x	x		x		x		
MARYLAND	x	x			x	x		
MASSACHUSETTS	x	x	x	x	x	x		
MICHIGAN	x	x	x		x	x	x	
MINNESOTA	x	x	x	x				
MISSISSIPPI	x	x	x			x		a,b
MISSOURI	x	x	x		x			a
MONTANA	x	x				x		
NEBRASKA	x	x	x	x	x	x		
NEVADA	x	x						
NEW HAMPSHIRE	x	x			x			a,b
NEW JERSEY	x	x					x	
NEW MEXICO	x	x					$200	
NEW YORK	x	x		x	x		x	
NORTH CAROLINA	x	x						
NORTH DAKOTA	x	x		x	x	x		
OHIO	x	x	x		x	x		

TABLE X-4 Page 2 of 2

OSTEOPATHIC PHYSICIAN

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUS-PEND	RE-VOKE	RESTRICT LICENSE	CEN-SURE	REPRI-MAND	PRO-BATE	FINE	OTHER
OKLAHOMA	x	x						
OREGON	x	x	x			x	$5,000	
PENNSYLVANIA	x	x	x		x	x		a
RHODE ISLAND	x	x						
SOUTH CAROLINA	x	x	x		x			e
SOUTH DAKOTA	x	x						
TENNESSEE	x	x	x		x			e
TEXAS	x	x	x		x	x		a,b
UTAH	x	x						
VERMONT	x	x						
VIRGINIA	x	x		x	x	x		
WASHINGTON	x	x	x		x			
WEST VIRGINIA	x	x						
WISCONSIN	x	x	x		x			
WYOMING	x	x	x					
D.C.	x	x	x	x	x	x	$5,000	
PUERTO RICO	x	x		x		x		

Source: HPLIS/Council of State Governments; December 31, 1985

Key:

a Submit to care, treatment on counseling
b Further education
c Reexamination
d Physical or mental examination
e Any other reasonable action

x Means board is given the power in law

TABLE X-5

OSTEOPATHIC PHYSICIAN

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
ALABAMA	FLEX	(d)	
ALASKA	FLEX	Yes	
ARIZONA	FLEX	Yes	
ARKANSAS	FLEX		
CALIFORNIA	Board	Yes	Yes
COLORADO	FLEX		
CONNECTICUT	Board		
DELAWARE	FLEX		
FLORIDA	Board		
GEORGIA	FLEX		
HAWAII	Board (e)		
IDAHO	FLEX		
ILLINOIS	FLEX		
INDIANA	FLEX		
IOWA	FLEX		
KANSAS	FLEX		
KENTUCKY	FLEX (a)		
LOUISIANA	FLEX		
MAINE	FLEX (a)		
MARYLAND	FLEX		
MASSACHUSETTS	FLEX		
MICHIGAN	Board or Flex		
MINNESOTA	FLEX		
MISSISSIPPI	FLEX		
MISSOURI	FLEX		
MONTANA	FLEX		
NEBRASKA	Board (e)		
NEVADA	Board	yes	
NEW HAMPSHIRE	FLEX		
NEW JERSEY	FLEX		
NEW MEXICO	Board		
NEW YORK	FLEX		
NORTH CAROLINA	FLEX		
NORTH DAKOTA	FLEX		
OHIO	FLEX		

TABLE X-5

OSTEOPATHIC PHYSICIAN

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
OKLAHOMA	FLEX		
OREGON	FLEX		
PENNSYLVANIA	Board (b)		
RHODE ISLAND	FLEX (a)		
SOUTH CAROLINA	FLEX		
SOUTH DAKOTA	FLEX		
TENNESSEE	FLEX		
TEXAS	FLEX (c)		
UTAH	FLEX		
VERMONT	Board or FLEX		
VIRGINIA	FLEX		
WASHINGTON	FLEX (a)		
WEST VIRGINIA	Board		
WISCONSIN	FLEX		
WYOMING	FLEX		
DISTRICT OF COLUMBIA	FLEX		
PUERTO RICO	Board		Yes

Sources:

1. HPLIS/Council of State Governments; December 31, 1985
2. Osteopathic Licensing Summary, American Osteopathic Association, 1984

KEY:

FLEX = Federation Licensing Exam

a An additional test is given in osteopathic principles and practice
b An examination in osteopathic manipulative theory is required
c An examination in medical jurisprudence
d Only required if FLEX exam is not passed
e Accepts the National Board of Examiners for Osteopathic Physicians and Surgeons (NBEOPS) test

TABLE X-6

OSTEOPATHIC PHYSICIAN

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	MORALS	INTERNSHIP	AGE	U.S. CITIZENSHIP	STATE RESIDENCY
ALABAMA	a		1 yr.			
ALASKA	a		1 yr.		yes	
ARIZONA	b	s	1 yr.		yes	
ARKANSAS	b		1 yr.			
CALIFORNIA	c		1 yr.			
COLORADO	d	s	1 yr	21		
CONNECTICUT	d,e		None			
DELAWARE	b		1 yr.			
FLORIDA	b		1 yr.	18		
GEORGIA	a	s	1 yr.			
HAWAII	b		1 yr.			
IDAHO	b	s	1 yr.			
ILLINOIS	g	s	1 yr.	21		
INDIANA	d		None			
IOWA	a,h		1 yr.			
KANSAS	d	s	1 yr.	t		
KENTUCKY	b		1 yr.			
LOUISIANA	d		None			
MAINE	i		1 yr.			
MARYLAND	b	s	1 yr.	18		
MASSACHUSETTS	j		None			
MICHIGAN	k	s	1 yr.	18		
MINNESOTA	a	s	1 yr.			
MISSISSIPPI	b	s	1 yr.	21		u
MISSOURI	b	s	None			
MONTANA	b	s	1 yr.			
NEBRASKA	l		1 yr.			
NEVADA	i,m		1 yr.			
NEW HAMPSHIRE	b	s	2 yrs.	18-75		
NEW JERSEY	k	s	1 yr.	21	yes or v	
NEW MEXICO	d	s	1 yr.			
NEW YORK	n	s	1 yr.	21	yes or v	
NORTH CAROLINA	b,o	s	1 yr.		yes or w	
NORTH DAKOTA	a		1 yr.	18		
OHIO	d,p		None			

TABLE X-6 Page 2 of 3

OSTEOPATHIC PHYSICIAN

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	MORALS	INTERNSHIP	AGE	U.S. CITIZENSHIP	STATE RESIDENCY
OKLAHOMA	q		1 yr.			
OREGON	b	s	1 yr.			
PENNSYLVANIA	a	s	1 yr.			
RHODE ISLAND	a	s	1 yr.		yes or v	
SOUTH CAROLINA	b	s	1 yr.	21		
SOUTH DAKOTA	b	s	1 yr.	18	yes or v	
TENNESSEE	d		None			
TEXAS	a	s	1 yr.	21		
UTAH	k	s	1 yr.	21	yes or v	
VERMONT	i	s	1 yr.	18		
VIRGINIA	b	s	1 yr.	18		
WASHINGTON	b	s	1 yr.			
WEST VIRGINIA	c,i	s	1 yr.	18		
WISCONSIN	d		1 yr.			
WYOMING	b		1 yr.			
D.C.	f	s	1 yr.	18		
PUERTO RICO	a		1 yr., r	t		6 mos.

Source: HPLIS/Council of State Governments; December 31,1985

Key:

a	Graduation from board approved or recognized osteopathic college
b	Graduation from AOA approved or accredited college
c	Graduation from AOA and board approved college
d	Graduation from recognized or approved osteopathic college
e	Two years of pre-professional college as specified
f	DO degree from registered school
g	Graduation from state-approved professional college
h	Applies to graduates with diplomas issued prior to May 10, 1963 only
i	DO degree following 36 total months of professional study
j	Four years of not less than 32 weeks each in a legally chartered medical school
k	Four years in a recognized osteopathic college
l	Graduation after January 1, 1963 from a Department of Health approved osteopathic college
m	Coursework as specified in the statute

TABLE X-6

OSTEOPATHIC PHYSICIAN

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

n At least 32 months in an osteopathic college registered with the regents of the university of the state of New York
o After January 1, 1960
p As defined by a committee
q Graduation from any school offering statute-specified subjects. Must attend four terms of 9 months each or three years of 11 months each.
r Plus one year in a place designated by the board
s Applicant must be of good moral characater
t Current legal age
u Locate in state within one year
v Intend to apply for citizenship
w Canadian

Blank spaces mean no requirement is listed in law

TABLE X-7

Page 1 of 2

OSTEOPATHIC PHYSICIAN

SCHEDULE OF FEES

STATE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
ALABAMA		175	50/Ann			175
ALASKA	50	200	60/Quad	50		
ARIZONA	50		100/Ann	25		150
ARKANSAS		225	15/Ann	50		225
CALIFORNIA			325/Ann			
COLORADO		185	91/Bi			163
CONNECTICUT		150	75/Ann			150
DELAWARE		310	30/Bi			150
FLORIDA		200	60/Bi			200
GEORGIA		270	50/Bi		10	200
HAWAII	50	100	80/Bi			200
IDAHO	200	200	75/Ann	75		225
ILLINOIS		187	40/Bi	75		175
INDIANA		250	40/Bi	50		200
IOWA		250	100/Bi		10	200
KANSAS		160	50/Ann	30	15	
KENTUCKY		225	65/Ann	50	10	150
LOUISIANA		200	50/Ann			200
MAINE	100	125	25/Ann			100
MARYLAND		225	50/Bi			
MASSACHUSETTS		275	100/Bi	75		150
MICHIGAN	150	150	120/Tri			100
MINNESOTA	50	125	20/Ann	40		100
MISSISSIPPI	35.25	175	40/Ann			175
MISSOURI		250	30/Ann	30		250
MONTANA	100	180	15/Ann	5		
NEBRASKA		250	20/Ann			100
NEVADA		200	100/Ann			200
NEW HAMPSHIRE		150	50/Ann			
NEW JERSEY		200	80/Bi			
NEW MEXICO		355	55/Ann			255
NEW YORK	100	150	120/Tri	60		195
NORTH CAROLINA	200		25/Bi			
NORTH DAKOTA	100	300	40/Ann			
OHIO		175	100/Bi	10		175

TABLE X-7

Page 2 of 2

OSTEOPATHIC PHYSICIAN

SCHEDULE OF FEES

STATE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
OKLAHOMA		100	40/Ann			100
OREGON	200	240	80/Ann	15		200
PENNSYLVANIA	125	125	75/Bi			100
RHODE ISLAND		150	50/Ann	10		150
SOUTH CAROLINA		300	60/Ann	50		300
SOUTH DAKOTA		225	50/Ann	50		100
TENNESSEE		200	25/Ann			125
TEXAS		400	36/Ann	50	45	400
UTAH		250	50/Bi			
VERMONT	25	25	10/Ann			
VIRGINIA		200	50/Bi		25	225
WASHINGTON	250	250	125/Ann		5	250
WEST VIRGINIA		50	10/Ann			100
WISCONSIN	50	50	35/Bi	10	5	50
WYOMING		200	20/Ann	25		100
D.C.	20	180	120/Bi			180
PUERTO RICO	5	25	5/Ann			

Sources:

1. HPLIS/Council of State Governments; December 31, 1985
2. Osteopathic Licensing Summary, American Osteopathic Association, 1984

Blank spaces mean no fee is listed in law

TABLE X-8

Page 1 of 3

OSTEOPATHIC PHYSICIAN

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS
ALABAMA	Reciprocity	a,b
ALASKA	Endorsement	c
ARIZONA	Reciprocity	a,d
ARKANSAS	Reciprocity	a,b
CALIFORNIA	Reciprocity	a
COLORADO	Reciprocity	a,b
CONNECTICUT	Reciprocity	a
DELAWARE	Reciprocity	a,b
FLORIDA	Endorsement	e
GEORGIA	Reciprocity	a
HAWAII	Reciprocity	a,f
IDAHO	Endorsement	g,d
ILLINOIS	Reciprocity	h
INDIANA	Endorsement	a
IOWA	Endorsement	a
KANSAS	Endorsement	i
KENTUCKY	Endorsement	h
LOUISIANA	Reciprocity	j
MAINE	Reciprocity	a
MARYLAND	Endorsement	k
MASSACHUSETTS	Endorsement	a
MICHIGAN	Endorsement	a
MINNESOTA	Reciprocity	a
MISSISSIPPI	Reciprocity	a
MISSOURI	Reciprocity	a
MONTANA	Reciprocity	a
NEBRASKA	Reciprocity	h,j
NEVADA	Reciprocity	l
NEW HAMPSHIRE	Reciprocity	i
NEW JERSEY	Endorsement	a,m
NEW MEXICO	Reciprocity	n
NEW YORK	Endorsement	j
NORTH CAROLINA	Endorsement	g
NORTH DAKOTA	Endorsement	i
OHIO	Reciprocity	h

TABLE X-8 Page 2 of 3

OSTEOPATHIC PHYSICIAN

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS
OKLAHOMA	Reciprocity	a
OREGON	Reciprocity	o
PENNSYLVANIA	Endorsement	a
RHODE ISLAND	Endorsement	a
SOUTH CAROLINA	Reciprocity	a
SOUTH DAKOTA	Reciprocity	p
TENNESSEE	Reciprocity	h
TEXAS	Reciprocity	n
UTAH	Endorsement	n
VERMONT	Endorsement	a
VIRGINIA	Endorsement	a
WASHINGTON	Reciprocity	a
WEST VIRGINIA	Reciprocity	a
WISCONSIN	Reciprocity	h
WYOMING	Reciprocity	h
DISTRICT OF COLUMBIA	Reciprocity	a
PUERTO RICO	Reciprocity	q

Source: HPLIS/Council of State Governments; December 31,1985

Key:

a	With states having higher or equal requirements
b	Except Florida
c	Waiver of exam; active license from another state or Canada; meets all other requirements
d	Oral exam required
e	Applicant must have passed all parts of the National Board Examination or have been admitted into the medical core of any US armed services branch
f	After three years practice
g	License issued after written examination passed in those states with composite boards
h	Individual consideration given applicants - requirements vary based on background and training
i	Considered if license was obtained thru examination
j	Available only to graduates after June 1, 1971 whose license is based on the FLEX
k	Either unlimited license in reciprocal states prior to January, 1972 or FLEX weighted average of 75
l	With all DO boards, most composite boards; at discretion of board

TABLE X-8

OSTEOPATHIC PHYSICIAN

RECIPROCITY AND ENDORSEMENT

m No individual state licensing examinations taken after December 31, 1972 accepted

n With all states

o Evaluated individually if applicant from Massachusetts, Nevada, New Hampshire, or Wyoming; with all other states except Alaska, Florida, Georgia, Hawaii, Mississippi, Nebraska, and South Carolina

p With Colorado, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Massachusetts, Minnesota, Missouri, New Jersey, New York, North Dakota, Ohio, Oregon, Rhode Island, South Carolina, Texas, Virginia, Wisconsin, Wyoming. Others considered individually

q For limited license only

TABLE X-9

OSTEOPATHIC PHYSICIAN

CONTINUING COMPETENCY REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
ALABAMA	No	
ALASKA	Yes	17 hrs/Ann
ARIZONA	Yes	20 hrs/Ann
ARKANSAS	No	
CALIFORNIA	Yes	150 hrs/Tri
COLORADO	No	
CONNECTICUT	No	
DELAWARE	No	
FLORIDA	Yes	30 hrs/Bi
GEORGIA	No	
HAWAII	No	
IDAHO	No	
ILLINOIS	Yes	100 hrs/Bi
INDIANA	No	
IOWA	Yes	40 hrs/Bi
KANSAS	Yes	50 hrs/Ann
KENTUCKY	No	
LOUISIANA	No	
MAINE	Yes	50 hrs/Ann
MARYLAND	Yes	100 hrs/Bi
MASSACHUSETTS	Yes	100 hrs/Bi
MICHIGAN	Yes	150 hrs/Tri
MINNESOTA	Yes	75 hrs/Tri
MISSISSIPPI	No	
MISSOURI	No	
MONTANA	No	
NEBRASKA	No	
NEVADA	Yes	35 hrs/Ann
NEW HAMPSHIRE	Yes	150 hrs/Tri
NEW JERSEY	No	
NEW MEXICO	Yes	150 hrs/Tri
NEW YORK	No	
NORTH CAROLINA	No	
NORTH DAKOTA	No	
OHIO	Yes	100 hrs/Bi

TABLE X-9

OSTEOPATHIC PHYSICIAN

CONTINUING COMPETENCY REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
OKLAHOMA	Yes	2 days/Ann
OREGON	No	
PENNSYLVANIA	No	
RHODE ISLAND	Yes	75 hrs/Tri
SOUTH CAROLINA	No	
SOUTH DAKOTA	No	
TENNESSEE	Yes	16 hrs/Ann
TEXAS	No	
UTAH	No	
VERMONT	Yes	Board sets annually
VIRGINIA	No	
WASHINGTON	Yes	150 hrs/Tri
WEST VIRGINIA	Yes	2 days/Ann
WISCONSIN	Yes	30 hrs/Bi
WYOMING	No	
D.C.	No	
PUERTO RICO	No	

Sources:

1. HPLIS/Council of State Governments; December 31, 1985
2. Osteopathic Licensing Summary, American Osteopathic Association, 1984

CHAPTER XI

STATE REGULATION OF PHYSICIAN ASSISTANTS

PHYSICIAN ASSISTANT

Type of State Regulation

Two states regulate physician assistants through licensure, 29 through certification and 16 through registration. The remainder of states do not regulate physician assistants, but one has legislation under consideration. (See Table XI-1).

Scope of Practice

There is considerable diversity among states concerning the scope of practice of physician assistants. A few states follow a general format; Rhode Island is a typical example of this model:

> "Physician assistants may perform health care services when rendered under supervision of a licensed physician. Physician assistants, depending on level of professional training/experience as determined by the supervising physician, may perform health care services consistent with their expertise and that of a supervising physician who is in solo/group practice or in health care facilities."

The majority of states specify physician assistant (PA) duties much like Oklahoma Board of Medical Examiners (Section XI:D):

> PA may be involved with patients of physician in any medical care setting, including office, ambulatory clinic, hospital, patient's home, extended care facilities and nursing homes.
>
> Diagnostic and therapeutic procedures common to physician's practice may be assigned after PA demonstrates proficiency and competency.
>
> PA may be employed in academic position in institution devoted to health sciences; is responsible to dean or physician designated from appropriate college/university.
>
> No PA may be assigned the treatment/care of refraction of human eye or fitting/adapting of contact lens; does not preclude performance of routine visual screening, pre- and post-operative care/assistance in care of diseases of eye under physician supervision.
>
> Must function under supervision of licensed physician. Independent health care by PA not permitted.
>
> Work of PA must be within scope of physician's practice and within confines of job description furnished by physician and approved by board.

Still a few states go into greater detail where, in some cases, physician assistant duties are delineated between medical doctors and doctors of osteopathy. Pennsylvania offers this more detailed approach:

Pa. Board of Medical Education and Licensure (Section II. 311)

PA shall augment physician's data-gathering abilities in order to assist in reaching decisions/instituting care plans for patients. At a minimum, PA shall be able, among other things, to:
- screen patients, review records, take history, record data
- perform physical exam/developmental screening exam
- request lab studies, collect specimens, perform analyses
- perform clinical procedures
- counsel/instruct patients

Supervising physician may delegate such medical procedures/tasks within normal scope of his practice. Supervising physician shall not permit PA to independently practice medicine.

PA shall not:
- maintain separate office unless approved by board
- delegate an assigned task
- perform acupuncture
- pronounce a patient dead in any setting

Written protocols must be provided by supervising physician.

One satellite operation per supervising physician allowed upon board approval, provided:
- PA will be utilized in designated manpower shortage area
- adequate provision for direct communication exists and distance between main/satellite office does not prohibit/impede emergency services
- supervising physician sees regular patient periodically (i.e., every third visit)
- supervising physician visits remote office at least weekly/reviews patient records

Appropriate records of supervisory contact must be maintained/available for board review.

PA may provide services to hospitalized patients of supervising physician if permitted by medical care facility. PAs employed directly by medical care facilities must be supervised by physician. So long as facility permits, PA may:
- assess/record patient's progress within parameters of established protocol/regimen and report progress to supervising physician
- make entries on medical records/patient charts (must be countersigned by physician)

PA may provide medical care/services in emergency department if he is trained in emergency medicine, functions under specific protocols, is under direct supervision of physician with whom he has ready contact and who is willing to assume full responsibility for PA performance. PA may not substitute for physician who is "on call" in emergency department.

In those medical care facilities where PAs make diagnoses, prescribe medical therapeutic/corrective measures, there shall be a committee to establish standard policies and procedures related to scope of PA practice. Committee shall include representatives of medical, nursing and PA staff, facility administration. Such policies shall be reviewed at least annually.

Pa. Board of Osteopathic Medical Examiners

PA shall augment physician's data-gathering abilities in order to assist physician in reaching decisions/instituting care plans. At a minimum, PA shall be able to, among other things:
- screen patients, review records, take history, record data
- perform physical examination/developmental screening
- request lab studies, collect specimens, perform analyses
- perform clinical procedures
- counsel/instruct patients

Physician may delegate medical procedures/tasks which are within normal scope of his practice, excluding independent practice of medicine.

PA may not:
- manage/maintain separate office unless approved by board
- independently delegate an assigned task
- perform acupuncture
- pronounce a patient dead in any setting
- write orders, progress notes or discharge summaries for patients in hospitals

Written protocols must be provided by supervising physician

One satellite operation per physician allowed upon board approval, provided:
- PA utilized in area of medical need
- adequate provision exists for direct communication and distance between main/satellite office does not prohibit/impede appropriate support services
- physician sees patients regularly (i.e., every 5th visit), with some exceptions
- physician visits remote office at least weekly/reviews records
- physician sees every pediatric patient (infants every 3rd visit, children 2-18 every other visit)
- PA has been employed in primary office for at least one year

PA may provide care in ER if trained in emergency medicine, functions under protocols/under direct supervision. PA may not substitute for physician on call in ER.

In medical care facilities where PAs diagnose/prescribe therapeutic/corrective measures, there must be committee to set standard policies/procedures. Committee to have representatives from medical, nursing, PA staffs and administration. Policies to be reviewed annually.

All the states have fairly uniform duties for physician assistants. The states which specify more detail do not necessarily specify different duties but go into more detail about those same duties listed by those states where a more general description is given.

There are 17 states which have made it lawful for physician assistants to write prescriptions. Seven of those may dispense the drug.

Composition of State Regulatory Bodies and Functions

The majority of states (40) use a board of medical examiners to regulate physician assistants' practice. There are five states where the physician assistants have an individual board of their own, and one state where the osteopath board regulates the practice of physician assistants. Twenty-two jurisdictions have no provision for board representation by physician assistants. Only those states which either had a board of physician assistants or an advisory committee of physician assistants made provisions for representation by them. West Virginia is the only exception, since it has no board or advisory committee on physician assistants but still calls for their representation on the medical board. (See Table XI-2).

The majority of states (36) utilize the board as the body which issues the license, approves and/or accredits educational programs, and promulgates rules and regulations. See Table XI-3 for more detail.

The majority of states that regulate the practice give the regulating body the power to suspend or revoke a physician assistant's license. The various disciplinary sanctions are listed in Table XI-4.

The majority of states (43) require physician assistants to take a written exam. Of these states, 17 use a board approved exam and 25 use a National Commission on Certification of Physician Assistants certifying exam. For details see Table XI-5.

Requirements for Licensure, Certification, or Registration

All states require that a physician assistant complete a course of study or pass a certifying exam. There are generally no other requirements set out for physician assistants. A few states specify a minimum age. See Table XI-6 for complete details.

Schedule of Fees

Table XI-7 sets out fees for application, examination and other categories regarding physician assistants.

Interstate Recognition of Credentials

The majority of states have no provisions for reciprocity or endorsement for physician assistants. Only Arkansas, Louisiana, Michigan, South Dakota, and West Virginia stipulate any recognition of out-of-state credentialing. See Table XI-8.

Continuing Education Requirements

Twenty-one states require that the physician assistant meet continuing education requirements; others leave the prerogative up to the board for individual cases. Extent of education and further details of continuing education requirements are set out in Table XI-9.

TABLE XI-1

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PHYSICIAN ASSISTANT

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
ALABAMA	Certification[h]	34-24-290 et seq.
ALASKA	Registration	08.64.170
ARIZONA	Certification	32-2521
ARKANSAS	Certification	72-2001 et seq.
CALIFORNIA	Certification[g]	3500-3533
COLORADO	Certification[f]	12-36-106
CONNECTICUT	Certification	370.20-9, 12a
DELAWARE	a	----
FLORIDA	Certification[g]	458.347
GEORGIA	Certification[d]	43-34-104
HAWAII	Certification	453-5.3
IDAHO	Registration	54-1803
ILLINOIS	Certification	111-4751 et seq
INDIANA	Registration	22-22.5-1-1.1 (i)
IOWA	Certification	148c
KANSAS	Registration	65-2896
KENTUCKY	Registration	KRS-311-565
LOUISIANA	Certification	37-1360.21
MAINE	Certification	3270
MARYLAND	Registration	14-205;304
MASSACHUSETTS	Certification	112-9c
MICHIGAN	Licensure[g]	333.17001 et seq.
MINNESOTA	Registration	214.13-214.14
MISSISSIPPI	a	----
MISSOURI	a,b	----
MONTANA	Licensure	37-3-103
NEBRASKA	Certification	71-1, 107.15 et seq.
NEVADA	Certification	630
NEW HAMPSHIRE	Certification	329:21
NEW JERSEY	a,c	----
NEW MEXICO	Certification	661-6-6 et seq.
NEW YORK	Registration	Title 10, Art. 37, 3700 et seq.
NORTH CAROLINA	Registration	90-18
NORTH DAKOTA	Registration	50-03-01 et seq.
OHIO	Registration	4730

TABLE XI-1

PHYSICIAN ASSISTANT

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
OKLAHOMA	Certification	59-519
OREGON	Registration	677.495 et seq.
PENNSYLVANIA	Certification[g]	421.1 et seq.
RHODE ISLAND	Registration	5-54-1 et seq.
SOUTH CAROLINA	Certification	40-47-60.4
SOUTH DAKOTA	Certification	36-4A
TENNESSEE	Certification	63-19-
TEXAS	Certification	4495
UTAH	Registration	58-12-40
VERMONT	Certification	1731 et seq.
VIRGINIA	Certification[i]	54-281
WASHINGTON	Registration[g]	18.71A. 010 et seq.
WEST VIRGINIA	Certification[d]	30-3-16
WISCONSIN	Certification	15.440
WYOMING	Certification[e]	33-26-118
D.C.	Registration	Law 6-99
PUERTO RICO	a	

Sources: 1. HPLIS/Council of State Governments; December 31, 1985
2 Physician Assistants: State Laws and Regulations, Fourth Edition. The American Academy of Physician Assistants. 1985.

Key:

a Not regulated
b Legislation under consideration
c Physician assistants permitted to pratice only in federal facilities
d Board certifies Type A physician assistants in primary health care and Type B in clinical specialties
e Certificate of approval
f Sunset termination date 7/1/86. Board also certifies child Health Associates who practice under pediatrician's supervision
g Board also regulates Osteopathic physician assistants
h Board also certifies surgeon's assistants
i Board also certifies penal institutions' physician assistants (Category II)

TABLE XI-2

PHYSICIAN ASSISTANT

COMPOSITION OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
ALABAMA	Board of Medical Examiners				a
ALASKA	State Medical Board				a
ARIZONA	Joint Board on Regulation of Physician Assistants	2	1	6[b]	9
ARKANSAS	State Medical Board				a
CALIFORNIA	Physician Assistant Examining Cmte.	3	2	4[c]	9
COLORADO	State Board of Medical Examrs.				a
CONNECTICUT	Medical Examining Board				a
DELAWARE	N/A				d
FLORIDA	Board of Medical Examiners Dept. of Professional Reg.				a,e
GEORGIA	Composite State Board of Medical Examiners PA Advisory Committee	4	0	4[f]	8
HAWAII	Board of Medical Examiners				a
IDAHO	State Board of Medicine				a
ILLINOIS	Medical Examining Committee				a
INDIANA	Medical Licensing Board				a
IOWA	State Board of Medical Examiners				g
KANSAS	State Board of Healing Arts				a
KENTUCKY	State Medical Board				a
LOUISIANA	State Board of Medical Examiners				a
MAINE	Board of Registration in Medicine				a
MARYLAND	Board of Medical Examiners				a

TABLE XI-2

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PHYSICIAN ASSISTANT

COMPOSITION OF STATE REGULATORY BOARDS

		NUMBER OF BOARD MEMBERS			
STATE	NAME OF BOARD/DEPARTMENT	PROF.	PUB.	OTHER	TOTAL
MASSACHUSETTS	Board of Approval and Certification of PA Programs	1	2	6[h]	9
MICHIGAN	Task Force on PAs, Bd. of Medicine	1	3	10[i]	14
MINNESOTA	Board of Medical Examiners				a,j
MISSISSIPPI	N/A				d
MISSOURI	N/A				d
MONTANA	Board of Medical Examiners	0	2	7[p]	9
NEBRASKA	State Board of Medical Examiners in Medicine and Surgery				a,k
NEVADA	State Board of Medical Examiners				a
NEW HAMPSHIRE	Board of Registration in Medicine				a
NEW JERSEY	N/A				d
NEW MEXICO	State Board of Medical Examiners				a
NEW YORK	State Board for Medicine				a,l
NORTH CAROLINA	Board of Medical Examiners				a
NORTH DAKOTA	Board of Medical Examiners				a
OHIO	State Medical Board				a
OKLAHOMA	State Board of Medical Examiners				a
OREGON	Board of Medical Examiners				a
PENNSYLVANIA	State Board of Medical Education				a
RHODE ISLAND	Board of Registration for PAs	1	1	3[m]	5
SOUTH CAROLINA	Board of Medical Examiners				a
SOUTH DAKOTA	Board of Medical and Osteopathic Examiners				a

TABLE XI-2

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PHYSICIAN ASSISTANT

COMPOSITION OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
TENNESSEE	Board of Medical Examiners				a,k
TEXAS	State Board of Medical Examiners				a,k
UTAH	Physicians' Licensing Board				a
VERMONT	State Board of Medical Practice				a
VIRGINIA	State Board of Medicine				a
WASHINGTON	State Board of Medical Examiners				a
WEST VIRGINIA	Board of Medicine	1	3	11[n]	15
WISCONSIN	Council on Physician Assts.	3	1	10	5
WYOMING	Board of Medical Examiners				a,k
D.C.	Board of Medicine - Advisory Comm. on Physician Assts.	0	3	8[q]	11
PUERTO RICO	N/A	1	0	2[r]	3

Source: HPLIS/Council of State Governments; April, 1986

Key:

a No provision for board representation by physician assistants
b The Dean of the University College of Medicine, two Doctors of Osteopathy and three Medical Doctors
c One member of the Board of Medical Quality Assurance, one California medical school physician, one educator from an approved PA training program, one approved PA supervising physician not a board member
d Not regulated
e A PA advisory committee, appointed by the chairman of the Board, shall consist of not less than 2 board members plus expert staff
f One PA serves ex officio on board. Most matters are handled by the Board's PA Advisory Committee composed of four physicians and four certified PAs
g Board acts on advice of Advisory Committee on PA programs which is composed of eight governor-appointed members

TABLE XI-2

PHYSICIAN ASSISTANT

COMPOSITION OF STATE REGULATORY BOARDS

h Two physicians, one medical school representative, one PA program representative, one health care facility administrator and one RN member of the State Nurses Association
i Physicians
j The commissioner appoints a seven member PA Advisory Council
k The Physician Assistant Committee reviews and makes recommendations to Board on all PA related matters
l Governor appoints twelve member New York state advisory council on PAs and specialist's assistants
m Two licensed physicians, one health care facility chief executive officer
n State health director, eight MDs, two podiatrists
o Vice Chancellor for health sciences, University of Wisconsin-Madison (or designee)
p Six MDs and one Podiatrist
q Seven physicians and the Commissioner of Public Health
r One physician and the Commissioner of Public Health

TABLE XI-3 Page 1 of 2

PHYSICIAN ASSISTANT

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
ALABAMA	Board	a	Board
ALASKA	Board	a	Board
ARIZONA	Board	Board	Board
ARKANSAS	Board	Board	Board
CALIFORNIA	Board	Board	Board
COLORADO	Board	a	Board
CONNECTICUT	Board	a	b
DELAWARE	N/A		
FLORIDA	Board	Dept. of Prof. Regulation	Board
GEORGIA	Committee	Committee	Board
HAWAII	Board	Board	Board
IDAHO	Board	Board	Board
ILLINOIS	Dept. of Reg. & Educ.	LCME	Dept.
INDIANA	Board	Board	Board
IOWA	Board	Board	Board
KANSAS	Board	Board	Board
KENTUCKY	b		
LOUISANA	Board	Board	Board
MAINE	Board	Board	Board
MARYLAND	Board	Board	Board
MASSACHUSETTS	Board	Board	Board
MICHIGAN	Board(c)	Task Force	Task Force
MINNESOTA	Board(d)	Board	Board
MISSISSIPPI	N/A		
MISSOURI	N/A		
MONTANA	Board	Board	Board
NEBRASKA	Board(e)	Board(e)	Board(e)
NEVADA	Board	Board	Board
NEW HAMPSHIRE	Board	Board	Board
NEW JERSEY	N/A		
NEW MEXICO	Board	Board	Board
NEW YORK	Dept. of Health	Commr. of Health	Commr. of Health
NORTH CAROLINA	Board	Board	Board
NORTH DAKOTA	Board	Board	Board
OHIO	Board	Board	Board

TABLE XI-3 Page 2 of 2

PHYSICIAN ASSISTANT

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
OKLAHOMA	Board(d)	Board	Board
OREGON	Board	Board	Board
PENNSYLVANIA	Board	Board	Board
RHODE ISLAND	Board	Board	Board
SOUTH CAROLINA	Board	Board	Board
SOUTH DAKOTA	Board	Board	Board
TENNESSEE	Board(d)	Board	Board
TEXAS	Board(d)	Board	Board
UTAH	Board	Board	Board
VERMONT	Board	Board	Board
VIRGINIA	Board	Board	Board
WASHINGTON	Board	Board	Board
WEST VIRGINIA	Board	Board	Board
WISCONSIN	Board	Board	Board
WYOMING	Board(d)	Board	Board
D.C.	N/A		
PUERTO RICO	N/A		

Source: HPLIS/Council of State Governments; April, 1986

Key:

LCME = Liaison Committee on Medical Education

a No provision
b No regulations
c As directed by Task Force
d On advice of PA advisory council or committee
e On recommendation of Physician Assistant Committee

TABLE XI-4 Page 1 of 2

PHYSICIAN ASSISTANT

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUS-PEND	RE-VOKE	RESTRICT LICENSE	CEN-SURE	REPRI-MAND	PRO-BATE	FINE	OTHER
ALABAMA	x	x						
ALASKA	x	x						
ARIZONA	x	x		x		x		
ARKANSAS	x	x						
CALIFORNIA	x	x	x			x		
COLORADO	x	x	x	x		x		a
CONNECTICUT								b
DELAWARE								N/A
FLORIDA		x						
GEORGIA		x						
HAWAII	x	x	x					
IDAHO	x	x	x					
ILLINOIS	x	x						
INDIANA	x	x	x	x	x	x	$1,000	
IOWA	x	x	x					c,d,e
KANSAS		x						
KENTUCKY								h
LOUISIANA	x	x				x		
MAINE	x	x						
MARYLAND	x	x			x	x		
MASSACHUSETTS	x	x		x	x			
MICHIGAN	x	x			x	x		
MINNESOTA	x	x	x		x	x		
MISSISSIPPI								N/A
MISSOURI								N/A
MONTANA	x	x						
NEBRASKA	x	x	x					
NEVADA	x	x			x	x		
NEW HAMPSHIRE		x						
NEW JERSEY								N/A
NEW MEXICO	x	x						
NEW YORK	x	x						
NORTH CAROLINA	x	x					$100	
NORTH DAKOTA	x	x						
OHIO	x	x						

TABLE XI-4

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PHYSICIAN ASSISTANT

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUSPEND	REVOKE	RESTRICT LICENSE	CENSURE	REPRIMAND	PROBATE	FINE	OTHER
OKLAHOMA	x	x			x	x		
OREGON	x	x						
PENNSYLVANIA	x	x	x		x	x		f
RHODE ISLAND	x	x						g
SOUTH CAROLINA	x	x						
SOUTH DAKOTA	x	x						
TENNESSEE	x	x			x		$500	
TEXAS		x						
UTAH	x	x				x		
VERMONT	x	x						
VIRGINIA	x	x						
WASHINGTON		x						
WEST VIRGINIA	x	x	x					
WISCONSIN		x					$10,000	
WYOMING		x						
D. C.								N/A
PUERTO RICO								N/A

Source: HPLIS/Council of State Governments; April, 1986

Key:

a	A letter of admonition
b	No provision
c	Require additional education or training
d	Require reexamination
e	Order physical or mental examination
f	Require care/counseling/treatment
g	Other penalties as appropriate
h	No regulations formed
x	Means board is given this power in law

TABLE XI-5

PHYSICIAN ASSISTANT

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
ALABAMA	a		
ALASKA	b		
ARIZONA	a	yes	May
ARKANSAS	b		
CALIFORNIA	b		
COLORADO	b		
CONNECTICUT	b		
DELAWARE	N/A		
FLORIDA	b		
GEORGIA	b		
HAWAII	b		
IDAHO	a		
ILLINOIS	b		
INDIANA	b		
IOWA	a		
KANSAS	b		
KENTUCKY	c		
LOUISIANA	a		
MAINE	b		
MARYLAND	a		
MASSACHUSETTS	N/A		
MICHIGAN	a (if used)		
MINNESOTA	a		
MISSISSIPPI	N/A		
MISSOURI	N/A		
MONTANA	b		
NEBRASKA	a		
NEVADA	b		
NEW HAMPSHIRE	b		
NEW JERSEY	N/A		
NEW MEXICO	b		
NEW YORK	b (if used)		
NORTH CAROLINA	N/A		
NORTH DAKOTA	b		
OHIO	b		

TABLE XI-5 Page 2 of 2

PHYSICIAN ASSISTANT

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
OKLAHOMA	b		May
OREGON	b		
PENNSYLVANIA	b		
RHODE ISLAND	a		
SOUTH CAROLINA	a		
SOUTH DAKOTA	a		
TENNESSEE	b		
TEXAS	b		
UTAH	a		
VERMONT	a	May	May
VIRGINIA	b		
WASHINGTON	a		
WEST VIRGINIA	b		
WISCONSIN	a		
WYOMING	a		
DISTRICT OF COLUMBIA	N/A		
PUERTO RICO	N/A		

Source: HPLIS/Council of State Governments; April, 1986

Key:

a Board approved exam
b NCCPA certifying exam
c No regulations formed

Blank spaces mean no requirement listed in law

TABLE XI-6 Page 1 of 3

PHYSICIAN ASSISTANT

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	MORALS	INTERNSHIP	AGE	U.S. CITIZENSHIP	STATE RESIDENCY
ALABAMA	a					
ALASKA	b					
ARIZONA	a	c				
ARKANSAS	a	c		18		
CALIFORNIA	a,d					
COLORADO	b,d	c		21		
CONNECTICUT	a,d,e					
DELAWARE	N/A					
FLORIDA	a,d,f					
GEORGIA	a,d,	c				
HAWAII	a,d	c				
IDAHO	b,d,g					
ILLINOIS	b,h	c		21		
INDIANA	a,d					
IOWA	a,d,h	c				
KANSAS	a,d,h, or i					
KENTUCKY	r					
LOUISIANA	h and b or d	c		20		
MAINE	a,d					
MARYLAND	d	c		18		
MASSACHUSETTS	a					
MICHIGAN	a or d	c		18		
MINNESOTA	a,d,j					
MISSISSIPPI	N/A					
MISSOURI	N/A					
MONTANA	a,d, or k	c				
NEBRASKA	a,d					
NEVADA	b,h,d or l	c				
NEW HAMPSHIRE	b,d	c				
NEW JERSEY	N/A					
NEW MEXICO	d					
NEW YORK	a	c		21		
NORTH CAROLINA	a	c				
NORTH DAKOTA	d					
OHIO	d,m	c		18		

TABLE XI-6

PHYSICIAN ASSISTANT

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	EDUCATION	MORALS	INTERNSHIP	AGE	U.S. CITIZENSHIP	STATE RESIDENCY
OKLAHOMA	a,d,h	c				
OREGON	a,d					
PENNSYLVANIA	a,d	c				
RHODE ISLAND	a,d	c				
SOUTH CAROLINA	a,d	c				
SOUTH DAKOTA	a,d,j,n,o	c		18		Yes
TENNESSEE	b,d					
TEXAS	b or d					
UTAH	a,d					
VERMONT	a or p					
VIRGINIA	b,d	c				
WASHINGTON	a					
WEST VIRGINIA	b,d or q	c				
WISCONSIN	a,d					
WYOMING	d					
D.C.	N/A					
PUERTO RICO	N/A					

Source: HPLIS/Council of State Governments; April, 1986

Key:

a Successful completion of board approved or AMA approved PA training program
b Graduation from CAHEA - accredited PA program
c Good moral and professional reputation
d Succesful completion of NCCPA certifying examination or other national specialty board
e Within two years of graduation
f Medical school graduates licensed in another state and applicants with ten years medical military experience may complete a three-month program or pass the NCCPA certifying examination
g Baccalaureate degree
h High school diploma or equivalent
i Armed forces training in 14 areas
j Proof of Physician/PA agreement
k Graduate of approved medical school and pass board-approved exams
l Applicant must pass NCCPA exam within one year of certification

TABLE XI-6

PHYSICIAN ASSISTANT

INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

m Applicant eligible to take, but who has not yet taken, the NCCPA exam may be temporarily certified
n Minimum of two years clinical experience
o Proof that neither applicant nor supervising physician is currently involved in disciplinary proceedings
p Successful completion of board-approved apprenticeship program and essay and/or practical and/or oral examination
q For Type B (non-primary care) physician assistants, must be graduate of an approved non-primary care program or be a primary-care graduate with post-graduate specialization
r No regulations formed

Blank spaces mean no requirement listed in law

TABLE XI-7 Page 1 of 2

PHYSICIAN ASSISTANT

SCHEDULE OF FEES

STATE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
ALABAMA	200		50/ann	a		b
ALASKA	50		50/bi			b
ARIZONA	100		100/ann[c]	50	25	b
ARKANSAS	50		2/ann[c]			
CALIFORNIA	25		150/bi			b
COLORADO			d			b
CONNECTICUT	d					b
DELAWARE	N/A					
FLORIDA	40		30/bi			b
GEORGIA	100		30/bi		5	b
HAWAII	25		15/bi			b
IDAHO	80		30/ann			b
ILLINOIS	25		20/bi		10	b
INDIANA	50		40/bi			b
IOWA	10		75/bi	40		b
KANSAS	50		10/ann			b
KENTUCKY	d					
LOUISIANA	155		25/ann			
MAINE	50		25/bi			b
MARYLAND	d		d			
MASSACHUSETTS	N/A					
MICHIGAN	55		50/bi	35	5	55
MINNESOTA	100		20/ann			b
MISSISSIPPI	N/A					
MISSOURI	N/A					
MONTANA	50		50/ann			b
NEBRASKA	75		65/ann	75		b
NEVADA	400	300	100	100	50	b
NEW HAMPSHIRE	40		10/ann			b
NEW JERSEY	N/A					
NEW MEXICO	50		10/ann			b
NEW YORK	50		30/bi			b
NORTH CAROLINA	100		25/ann			b
NORTH DAKOTA	N/A					
OHIO	50		5/ann			b

TABLE XI-7

PHYSICIAN ASSISTANT

SCHEDULE OF FEES

STATE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
OKLAHOMA	c		40/ann		30	b
OREGON	100		40/ann			b
PENNSYLVANIA	10		10/ann			b
RHODE ISLAND	50		15/ann			b
SOUTH CAROLINA	75			20		b
SOUTH DAKOTA	25-75		15/ann		10	25-75
TENNESSEE	100		100/bi			b
TEXAS	N/A					b
UTAH	100^{e}		30/bi		b	
VERMONT	25					b
VIRGINIA	50		10/ann			b
WASHINGTON	25		10/ann			b
WEST VIRGINIA	50		5/ann			
WISCONSIN	40		82/bi	10	5	40
WYOMING	25		5/ann			b
D.C.	N/A					
PUERTO RICO	N/A					

Source: HPLIS/Council of State Governments; April, 1986

Key:

a No temporary certificates issued
b No provision for reciprocity
c Not to exceed
d Fee schedule not established
e There are three type of fees:
  Transferring from one physician to another - $95
  First time certification - $100
  Part time (working for a second physician) - $50

Blank spaces mean no fee is listed in law

TABLE XI-8

PHYSICIAN ASSISTANT

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS
ALABAMA	a	
ALASKA	a	
ARIZONA	a	
ARKANSAS	Limited Reciprocity	b
CALIFORNIA	a	
COLORADO	a	
CONNECTICUT	a	
DELAWARE	N/A	
FLORIDA	a	
GEORGIA	a	
HAWAII	a	
IDAHO	c	
ILLINOIS	a	
INDIANA	a	
IOWA	a	
KANSAS	a	
KENTUCKY	a	
LOUISIANA	d	
MAINE	a	
MARYLAND	a	
MASSACHUSETTS	a	
MICHIGAN	e	
MINNESOTA	a	
MISSISSIPPI	N/A	
MISSOURI	N/A	
MONTANA	a	
NEBRASKA	a	
NEVADA	a	
NEW HAMPSHIRE	a	
NEW JERSEY	N/A	
NEW MEXICO	a	
NEW YORK	a	
NORTH CAROLINA	a	
NORTH DAKOTA	a	
OHIO	a	

TABLE XI-8

PHYSICIAN ASSISTANT

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS
OKLAHOMA	a	
OREGON	a	
PENNSYLVANIA	a	
RHODE ISLAND	a	
SOUTH CAROLINA	a	
SOUTH DAKOTA	d	
TENNESSEE	a	
TEXAS	a	
UTAH	a	
VERMONT	a	
VIRGINIA	a	
WASHINGTON	a	
WEST VIRGINIA	d	
WISCONSIN	a	
WYOMING	a	
DISTRICT OF COLUMBIA	N/A	
PUERTO RICO	N/A	

Key:

a No reciprocity/endorsement provision exists
b Individuals licensed/certified in another state and practicing in Arkansas prior to 2/15/77 may register upon application and payment of fee
c- Not permitted
d Board may certify without examination an applicant licensed or certified by examination in another state with equivalent requirements
e Applicant licensed or registered in another state may be granted a license if statutory requirements are met and if no disciplinary proceedings are pending

TABLE XI-9

PHYSICIANS ASSISTANT

CONTINUING COMPETENCY REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
ALABAMA	No	
ALASKA	Yes	a
ARIZONA	Yes	20 hours AAPA approved cat.I
ARKANSAS	No	
CALIFORNIA	No	
COLORADO	Yes	a
CONNECTICUT	No	
DELAWARE	N/A	
FLORIDA	Yes	100 hrs. Biennially
GEORGIA	No	
HAWAII	Yes	a
IDAHO	Yes	100 hrs. Biennially
ILLINOIS	May[b]	
INDIANA	Yes	a
IOWA	Yes	50 hrs. Annually
KANSAS	Yes	50 hrs. Annually
KENTUCKY	g	
LOUISIANA	Yes	a
MAINE	May	
MARYLAND	Yes	a
MASSACHUSETTS	May	
MICHIGAN	Yes	c
MINNESOTA	Yes	50 hrs. Biennially or d
MISSISSIPPI	N/A	
MISSOURI	N/A	
MONTANA	Yes	a
NEBRASKA	No	
NEVADA	May	
NEW HAMPSHIRE	No	
NEW JERSEY	N/A	
NEW MEXICO	Yes	100 hrs. Biennially
NEW YORK	May	
NORTH CAROLINA	e	
NORTH DAKOTA	No	
OHIO	Yes	a

TABLE XI-9

PHYSICIANS ASSISTANT

CONTINUING COMPETENCY REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
OKLAHOMA	Yes	50 hrs. Annually
OREGON	No	
PENNSYLVANIA	Yes	a
RHODE ISLAND	No	
SOUTH CAROLINA	Yes	a
SOUTH DAKOTA	No	
TENNESSEE	No	
TEXAS	e	
UTAH	No	
VERMONT	No	
VIRGINIA	Yes[f]	a
WASHINGTON	Yes	50 hrs. Annually or a
WEST VIRGINIA	Conditional	a (if employed in satellite clinic)
WISCONSIN	No	
WYOMING	No	
DISTRICT OF COLUMBIA	N/A	
PUERTO RICO	N/A	

Source: HPLIS/Council of State Governments; April, 1986

Key:

a Compliance with NCCPA continuing medical education standards; current certification
b Examining Committee may require additional courses prior to certificate renewal
c To be established by task force or PAs
d Completion of national certifying exam within two years
e Responsibility of supervising physician
f Does not apply to category II Physician Assistants (employees of penal institutions)
g No regulations formed

CHAPTER XII

STATE REGULATION OF RESPIRATORY THERAPISTS

RESPIRATORY THERAPIST

Type of State Regulation

Fifteen states regulate respiratory therapists. Twelve of these states--Georgia, Iowa, Kansas, Louisiana, Maine, Nebraska, New Mexico, North Dakota, South Carolina, Tennessee, Texas and Virginia--passed their regulatory act in 1985 or 1986. Six states require respiratory therapists to be licensed and nine states require certification. For further information on the type of state regulation see Table XII-1.

Scope of Practice

Each state identifies a scope of practice to define the areas in which a respiratory therapist can practice. All states' scope of practice for respiratory therapists are very similar. Florida's scope of practice offers a representative view. It reads:

> "Respiratory care services" include, but are not limited to, the following activities performed only upon the order of a physician licensed pursuant to chapter 458 or chapter 459, and in accordance with protocols established by the hospital, other health care provider, or the board: Therapeutic and diagnostic use of medical gases and administration apparatus, environmental control systems, humidification, and aerosols; administration of drugs and medications to the cardiopulmonary system; ventilatory support, including the maintenance and management of life support systems; bronchopulmonary drainage and breathing exercises; respiratory rehabilitation; assistance with cardiopulmonary resuscitation; and maintenance of natural airways, including the insertion of, and maintenance of, artificial airways. The term also includes specific testing techniques to assist in diagnosis, monitoring, treatment, and research. Such techniques shall be understood to include measurement of ventilatory volumes, pressures, and flows, specimen collection and analysis of blood for gas transport and acid/base determinations, pulmonary function testing, and other related physiologic monitorings of cardiopulmonary systems.

Composition of State Regulatory Bodies and Functions

The majority of states regulate respiratory therapists through the state medical board with a respiratory therapy advisory committee to the board. There are some exceptions to this general rule. In Iowa, Maine, Nebraska and New Mexico, the board reports directly to the state department of health and not to the medical board. In North Dakota the board is independent and is required to consult the North Dakota chapter of the Dakota Society for Respiratory Therapy before adopting rules.

Most states require that a physician be a member of the respiratory care board while nine states require one or more public members on the board. For complete information on the composition of the state respiratory therapy boards see Table XII-2.

The board or the state department of health issues licenses to respiratory therapists. In six states--Arkansas, California, Kansas, Maine, Texas and Virginia--the board is responsible for approving educational programs for respiratory therapists. In most states the law states that educational programs that have been approved by the AMA Committee on Allied Health Education and Accreditation will be accepted by the state. In ten states the board or examining committee is responsible for promulgating rules. In the remaining states the department has this responsibility. (See Table XII-3).

All states, with the exception of Arkansas, allow the respiratory therapists' regulating body to suspend or revoke licenses or certificates. In Arkansas the board may revoke but cannot suspend the license. A few states permit the board to administer a fine and some boards can institute a probationary period. See Table XII-4 for a complete list of enforcement actions state boards can utilize.

All states require a written examination be given before an initial license is issued. No states require an oral or practical examination be administered to respiratory therapy applicants (see Table XII-5). The written examination used varies from state to state with most states choosing the National Board for Respiratory Care Examination. In a few states, the board is responsible for approving and administering an examination.

Requirements for Licensure

Most state laws regulating respiratory therapy state that a high school education is a prerequisite to licensure. All states require graduation from an approved respiratory therapy educational program.

A few states require that an applicant be 18 years old before a license is issued and only Arkansas requires U.S. citizenship and state residency (See Table XII-6).

Interstate Recognition of Credentials

The majority of states endorse the license of out-of-state respiratory therapists so long as standards for licensure are equal to or better than the state from which the individual comes. Three states, California, Georgia and Louisiana, accept individuals from other states with equivalent standards if the state from which the individual comes also accepts respiratory therapists from their state. Iowa's law had no mention of reciprocity concerning respiratory therapists.

Continuing Education

Twelve states require that respiratory therapists complete some continuing education as a requirement for license renewal. Only Virginia does not require continuing education. The Arkansas and Louisiana laws do not mention continuing education.

Fee Schedule

Table XII-7 details the fees for initial licensure, examinations, license renewal and other categories regarding respiratory therapists.

TABLE XII-I

RESPIRATORY THERAPIST

TYPE OF STATE REGULATION

STATE	TYPE	CITATION
ARKANSAS	Licensure	72-1602
CALIFORNIA	Certification	Article 3-3731
FLORIDA	Registration[4]	468.403 (5)
GEORGIA[1]	Certification	Ch. 34 Title 43, Art.6
IOWA	Certification	Sec.7-135F.7
KANSAS**	Registration	KSA 75-3170a Sec. 1-17
LOUISIANA	Licensure	
MAINE	Licensure	9702.6
NEBRASKA	Licensure	71-102
NEW MEXICO	Licensure	61-12 B-4
NORTH DAKOTA	Licensure	HB 1313-Section 1.4 & 6
SOUTH CAROLINA*	Certification	Ch. 47, Title 40, Art.5
TENNESSEE[2]	Certification[3]	63-6-405
TEXAS	Certification	S.B #1007 Sec. 4-E
VIRGINIA	Certification	54-281.11

Source: HPLIS/Council of State Governments: April, 1986

Key:

* Signed May 6,1986
** Signed April 24, 1986

1. Georgia and Louisiana's bill to regulate respiratory therapists was just recently signed into law on April 2, 1986. Therefore, complete information is not available and the administrative regulations are not yet written.

2. Tennessee's law was signed into law on April 1, 1986. Therefore administrative regulations were not written at the time of this publication and complete information is not available.

3. Although this is designated in the Tennessee law as certification, according to this study's definition of licensure, certification and registration (see page) it is in effect licensure.

4. Although this is designated in the Florida statute as registration, according to this study's definition of licensure, certification and registration (see page 7) it is in effect certification.

TABLE XII-2

Page 1 of 2

RESPIRATORY THERAPIST

COMPOSITION OF STATE REGULATORY BOARDS

		NUMBER OF BOARD MEMBERS			
STATE	NAME OF BOARD/DEPARTMENT	PROF.	PUB.	OTHER	TOTAL
ARKANSAS	Arkansas St. Inhalation Therapy Examining Board	3	0	2[1]	5
	Arkansas St. Medical Board	9	0		9
CALIFORNIA	Respiratory Care Examing Cmte.	4	3	2[2]	
	Board of Medical Quality Assurance	12	7	0	19
	Dept. of Consumer Affairs				
FLORIDA	Advisory Council on Respiratory Care	2	0	3[3]	5
	Board of Medical Examiners	9	2	0	11
	Dept. of Professional Regulation				
GEORGIA	Respiratory Therapy Advisory Cmte.				
	Board of Medical Examiners				
IOWA	Respiratory Care Advisory Cmte.	2	1	2[2]	5
	State Dept. of Health				
KANSAS	Respiratory Therapist Council	3	0	2*	5
	State Board of Healing Arts				
LOUISIANA	Board of Medical Examiners	7	0	0	7
MAINE	Board of Respiratory Care Practitioners	3	2	0	5
	Dept. of Business, Occupational and Professional Regulation				
NEBRASKA	Board of Examiners in Respiratory Care Practice	2	1	1[4]	4
	Nebraska Dept. of Health				
NEW MEXICO	Advisory Board of Respiratory Care Practitioners	3	1	1[4]	5
	Dept. of Health & Environment				
NORTH DAKOTA	North Dakota Respiratory Care Examining Committee	4	2	1[4]	7
SOUTH CAROLINA	Respiratory Care Committee	5	1	3**	9
	Board of Medical Examiners				

TABLE XII-2 Page 2 of 2

RESPIRATORY THERAPIST

COMPOSITION OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD/DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL
TENNESSEE	Council of Respiratory Care State Dept. of Medical Examiners Dept. of Health and Environment	2		3[7]	5
TEXAS	Respiratory Care Practitioners Advisory Board Texas Dept. of Health		3	3[5]	9
VIRGINIA	Advisory Cmte. on Respiratory Therapy Board of Medical Examiners	4	0	2[6]	6

Source: HPLIS/Council of State Governments: April, 1986

Key:

1 One member shall be a Board Certified Anesthesiologist and one member shall be a Fellow of American College of Chest Physicians
2 These two Committee members shall be physicians or surgeons
3 Three members shall be respiratory care professionals from each of the following areas: 1) respiratory care education, 2) respiratory care management and supervision, and 3) cardiopulmonary diagnostics
4 This member must be a physician
5 Three members shall be physician members from the following categories: 1) a qualified chest physician, 2) a qualified anesthesiologist, and 3) a qualified expert in thoracic medicine
6 One member shall be an at-large board certified pulmonary internist or anesthesiologist, the other shall be a member of the State Board of Medicine
7 Two members shall be hospital administrators and one member shall be a physician specializing in pulmonology
8 Georgia's law was just recently instituted and therefore complete information is not available No members specified but must include respiratory care practitioners and physicians who specialize in pulmonary medicine. Others when the board designates may be included

* One physician, secretary, and Board of Healing Arts
** Physician's with special interest in respiratory problems

TABLE XII-3

RESPIRATORY THERAPIST

FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
ARKANSAS	Board	Board	Board
CALIFORNIA	Board	Exam. Cmte.	Exam. Cmte.
FLORIDA	Board	AMA/CAHE	Board
GEORGIA	Board	JRCRT	Board
IOWA	Department	AMA/JRCRT	Department
KANSAS	Board	Board	Board
LOUISIANA	Board	AMA/CME*	Board
MAINE	Board	Board/AMA	Board
NEBRASKA	Board	AMA/CAHE	Department
NEW MEXICO	Department	AMA/CAHE	Department
NORTH DAKOTA	Board	AMA/CAHE	Board
SOUTH CAROLINA	Board	AMA/CAHE	Board
TENNESSEE	Board	AMA	Board
TEXAS	Board of Health	Board of Health	Board of Health
VIRGINIA	Board	Board	Board

Source: HPLIS/Council of State Governments: April, 1986

Key:

AMA - American Medical Association
CAHE - Committee on Allied Health Education of the AMA
JRCRT - Joint Review Committee for Respiratory Therapy
CME - Council in Medical Education

* See Sec. 3304 B3 a + b, Sec. 3304 C3a, and Sec. 3307 E1

TABLE XII-4

RESPIRATORY THERAPIST

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUSPEND	REVOKE	RESTRICT LICENSE	CENSURE	REPRIMAND	PROBATE	FINE	OTHER
ARKANSAS		x						A
CALIFORNIA	x	x						
FLORIDA	x	x			x	x	x[1]	B/C
GEORGIA	x	x				x	x	
IOWA	x	x				x		
LOUISIANA	x	x	x			x		D
MAINE	x	x						A/D
NEBRASKA	x	x						
KANSAS	x	x	x				*	A/D
NEW MEXICO	x	x						B
NORTH DAKOTA	x	x						
SOUTH CAROLINA	x	x	x		x	x	x[3]	D
TENNESSEE	x	x			x	x	x[2]	B
TEXAS	x	x				x		D
VIRGINIA	x	x						D

Source: HPLIS: HPLIS/Council of State Governments: April, 1986

Key:

A. Board may refuse to register an applicant
B Board may deny an application for certification or registration
C. Require continuing education
D. Board may refuse to renew a license

Footnotes:

1. Fine should not exceed $1,000 for each count or separate offense
2. Fine should not exceed $500 for each count or separate offense
3. $300 or 90 days or both

*Class "C" misdemeanor

TABLE XII-4

RESPIRATORY THERAPIST

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	SUS-PEND	RE-VOKE	RESTRICT LICENSE	CEN-SURE	REPRI-MAND	PRO-BATE	FINE	OTHER
ARKANSAS		X						A
CALIFORNIA	X	X						
FLORIDA	X	X			X	X	X[1]	B/C
GEORGIA	X	X				X	X	
IOWA	X	X				X		
LOUISIANA	X	X	X			X		D
MAINE	X	X						A/D
NEBRASKA	X	X						
KANSAS	X	X	X				*	A/D
NEW MEXICO	X	X						B
NORTH DAKOTA	X	X						
SOUTH CAROLINA	X	X	X		X	X	X[3]	D
TENNESSEE	X	X			X	X	X[2]	B
TEXAS	X	X				X		D
VIRGINIA	X	X						D

Source: HPLIS: HPLIS/Council of State Governments: April, 1986

Key:

A	Board may refuse to register an applicant
B	Board may deny an application for certification or registration
C	Require continuing education
D	Board may refuse to renew a license

Footnotes:

1. Fine should not exceed $1,000 for each count or separate offense
2. Fine should not exceed $500 for each count or separate offense
3. $300 or 90 days or both

* Class "C" misdemeanor

TABLE XII-5

RESPIRATORY THERAPIST

EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL
ARKANSAS	A		
CALIFORNIA	B		
FLORIDA	C		
GEORGIA	To be determined		
IOWA	C/D		
KANSAS	A		
LOUISIANA	C		
MAINE	A		
NEBRASKA	E		
NEW MEXICO	C		
NORTH DAKOTA	C		
SOUTH CAROLINA	C		
TENNESSEE	C		
TEXAS	C		
VIRGINIA	C		

Source: HPLIS/Council of State Governments: April, 1986

Key:

A A written examination must be approved and executed by the Board and Committee
B The written examination shall be given under the direction of the examining committee
C The National Board for Respiratory Care examination or an equivalent examination
D Applicant must pass an examination approved by the State Dept. of Health
E Applicant must pass the Certified Respiratory Therapy Technician examination administered by the National Board for Respiratory Care

TABLE XII-6

RESPIRATORY THERAPIST

INITIAL REQUIREMENTS FOR LICENSE

STATE	EDUCATION	MORALS	INTERNSHIP	AGE	U.S. CITIZENSHIP	STATE RESIDENCY	OTHER
ARKANSAS	A,B	x		18	x	x	
CALIFORNIA	A,E			18			C
FLORIDA	A,F,G			18			
GEORGIA	A,F,G			18			
IOWA	F[1]						
KANSAS	B		y[2]				
LOUISIANA	A,G,B	x		18			
MAINE	F,G	x					
NEBRASKA	A,F						
NEVADA							
NEW MEXICO	A,F	x					
NORTH DAKOTA	F						
SOUTH CAROLINA	F	x					
TENNESSEE	F						
TEXAS	A,F,H						

Source: HPLIS/Council of State Governments: April, 1986

Key:

A Completed four years of high school or its equivalent
B Satisfactorily completed a training program which has been approved by the Board for the training of Inhalation Therapists
C Not addicted to the intemperate use of alcohol or any narcotic drug
D Not committed acts or crimes constituting grounds for denial of certification
E Applicant shall be a graduate of a training program approved by the examining committee
F Graduate of a training program approved by the AMA's Committee on Allied Health Education and accreditation
G Registered by the National Board of Respiratory Care
H Graduate of an educational program approved by the Board of Health

1 Two years of supervised clinical experience in an acceptable location may be substituted for the educational requirements
2 A period of supervised field work acceptable to the board

Blank spaces indicate no requirements listed in law

TABLE XII-7

RESPIRATORY THERAPIST

SCHEDULE OF FEES

STATE	APPLICATION	EXAM	RENEWAL	TEMPO-RARY	DUPLICATE	RECIPROCAL
ARKANSAS	$25	$25	$3			
CALIFORNIA	<$150	<$150	<$150		$10	<$200
FLORIDA	<$50	<$100	<$200/bi			
GEORGIA	*					
KANSAS	<$40	<$100	<$20		<$20	
LOUISIANA	<$25	<$50	<$25			<$75
MAINE		$80	$40			
NEBRASKA	Bet. $50-$300		<$100		$5	
NEW MEXICO	$100		$70/bi	$5		
SOUTH CAROLINA	<$200		<$50			
TENNESSEE	$70/bi					
TEXAS	$30	A	$30	$15	$10	
VIRGINIA	$100		$25			

Source: HPLIS/Council of State Governments: April, 1986

Key:

A The fee will be designated by the National Board of Respiratory Care for the National NBRC examination

Blank spaces indicate no fee levels were listed in the statutes or registration

* To be determined

TABLE XII-8

RESPIRATORY THERAPIST

RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS
ARKANSAS	Reciprocity	A
CALIFORNIA	Endorsement	A
FLORIDA	Endorsement	B
GEORGIA	Reciprocity	
IOWA	No mention	
KANSAS	Endorsement	A
LOUISIANA	Reciprocity	A
MAINE	Endorsement	B
NEBRASKA	Endorsement	
NEW MEXICO	Endorsement	A
NORTH DAKOTA	Endorsement	A
SOUTH CAROLINA	Endorsement	A
TENNESSEE	Endorsement	B,D
TEXAS	Endorsement	A,B
VIRGINIA	Endorsement	A

Source: HPLIS/Council of State Governments: April, 1986

Key:

A The state or territory from which the applicant comes must have equal licensure requirements
B Applicant must hold the "Registered Respiratory Therapist" credential issued by the National Board for Respiratory care or the equivalent
C Standards of applicant is determined on a case by case basis
D Graduate of an American Medical Association approved program of academic and clinical training for respiratory care therapists

TABLE XII-9

RESPIRATORY THERAPIST

CONTINUING COMPETENCY REQUIREMENTS

STATE	REQUIRED	EXTENT OF EDUCATION
ARKANSAS	(No mention)	
CALIFORNIA	Yes	15yrs of approved CE biennially
FLORIDA	Yes	Not to exceed 24 hrs. biennially
GEORGIA	Yes	To be determined
IOWA	Yes	As determined by the Department
KANSAS	Yes	Determined by the Board
LOUISIANA	(No mention)	
MAINE	Yes	
NEBRASKA	Yes	20 hrs. biennially
NEW MEXICO	Yes	40 clock hrs. biennially
NORTH DAKOTA	Yes	Determined by the Board
SOUTH CAROLINA	Yes	Determined by the Board
TENNESSEE	Yes	12 hrs. every 2 years
TEXAS	Yes	18 hrs. every 3 years

Source: HPLIS/Council of State Governments: April, 1986

HEALTH PROFESSIONS UNDER STATE SUNSET REVIEW

Survey Results

In April 1985, The Council of State Governments conducted a written survey of all states which have sunset laws*. We asked states to list professions and occupations that have been reviewed under sunset performance audits in 1985 and 1986. We further requested that major actions resulting from the audit be listed. If there were no audits conducted in 1985 or 1986, we asked for a brief explanation.

Table XIII summarizes the responses by state and health profession. The survey produced these findings of sunset across the states during 1985-1986.

- The Arkansas and Mississippi sunset laws have expired.
- Only one board, the Louisiana Board of Osteopathy, was abolished in 1985 or early 1986.
- Connecticut and New Mexico will not conduct a sunset audit of health professional boards until 1990.
- All licensing boards were removed from sunset review in 1983 in Montana.
- In Nebraska, the sunset law was sunsetted in 1984.
- In New Hampshire, the next sunset review of health occupational boards will be in 1987.
- In South Dakota, sunset laws pertain to the administrative rules only.

For further details on sunset across the states, including which professions were reviewed, see Table XIII.

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* Federal funds were not used for this survey.

TABLE XIII

HEALTH PROFESSIONS UNDER STATE SUNSET REVIEW

STATE	Acupuncturist	Chiropractor	Clinical Social Worker	Dental Exam./Dentistry	Dental Hygienist	Emer. Med. Technician	Hear. Aid Dealer/Fitter	Homeopath	Midwife	Naturopath	Nurse (RN/LPN)	Nursing Home Admin.	Occupational Therapist	Optician	Optometrist	Osteopath	Pharmacist	Physical Therapist	Physician	Physician Assistant	Podiatrist	Psychologist	Radiologic Technician	Respiratory Therapist	Social Worker	Sanitarian	Speech Path. & Audio.	Sub. Abuse Counselor	Veterinarian
ALABAMA																													
ALASKA																													
ARIZONA								S[18]																					
ARKANSAS[17]																													
COLORADO				*			S										*	*	*			*			*				
CONNECTICUT[1]																													
DELAWARE[2]		*		S							S				S		*					S					S		
FLORIDA	*	*		*						*	*	*		*	*	*	*	*	*		*								*
GEORGIA												*		*[15]				*				*							
HAWAII							*			*		*				*	*				*								
INDIANA[3]																													
KANSAS[4]																													

Key: * - Reviewed in 1985 or 1986
A - Abolished
S - Statute amended or updated

TABLE XIII

HEALTH PROFESSIONS UNDER STATE SUNSET REVIEW

STATE	Acupuncturist	Chiropractor	Clinical Social Worker	Dental Exam./Dentistry	Dental Hygienist	Emer. Med. Technician	Hear. Aid Dealer/Fitter	Homeopath	Midwife	Naturopath	Nurse (RN/LPN)	Nursing Home Admin.	Occupational Therapist	Optician	Optometrist	Osteopath	Pharmacist	Physical Therapist	Physician	Physician Assistant	Podiatrist	Psychologist	Radiologic Technician	Respiratory Therapist	Social Worker	Sanitarian	Speech Path. & Audio.	Sub. Abuse Counselor	Veterinarian
LOUISIANA		*	*	*							*	*			*	A	*		*			*	*		*	*	*		
MAINE																						S[16]					*	*	*
MARYLAND[5]																													
MASSACHUSETTS																													
MISSISSIPPI[6]																													
MONTANA[7]																													
NEBRASKA[8]																													
NEVADA[9]																													
NEW HAMPSHIRE[10]																													
NEW MEXICO[11]																													
OKLAHOMA																													
OREGON[23]		S	S	S			S			S	S	S					S	S	S			S					S		S

Key:
* - Reviewed in 1985 or 1986
A - Abolished
S - Statute amended or updated

TABLE XIII

Page 3 of 3

HEALTH PROFESSIONS UNDER STATE SUNSET REVIEW

STATE	Acupuncturist	Chiropractor	Clinical Social Worker	Dental Exam./Dentistry	Dental Hygienist	Emer. Med. Technician	Hear. Aid Dealer/Fitter	Homeopath	Midwife	Naturopath	Nurse (RN/LPN)	Nursing Home Admin.	Occupational Therapist	Optician	Optometrist	Osteopath	Pharmacist	Physical Therapist	Physician	Physician Assistant	Podiatrist	Psychologist	Radiologic Technician	Respiratory Therapist	Social Worker	Sanitarian	Speech Path. & Audio.	Sub. Abuse Counselor	Veterinarian
PENNSYLVANIA[21]		*		*	*						*	*			*	*	*	*	*	*	*	*							*
RHODE ISLAND[20]							*																						
SOUTH CAROLINA																													
SOUTH DAKOTA[12]																													
TENNESSEE[13]																													
TEXAS													S																
UTAH									*								S								*			S[19]	
VERMONT																													
WASHINGTON[22]		*							*	*												*							
WEST VIRGINIA																													
WYOMING[14]																													

Key: * - Reviewed in 1985 or 1986
A - Abolished
S - Statute amended or updated

FOOTNOTES

The following states did not respond to our survey and therefore are not included in this table: Alabama, Alaska, Massachusetts, Oklahoma, South Carolina, South Dakota, Vermont and West Virginia.

1. The next review of health professional boards will be in 1990.

2. The Delaware Boards of Dentistry, Optometry, Psychology, and Speech Pathology and Audiology added public members to the boards in 1985 as part of their sunset audits. The Delaware Boards of Dentistry, Nursing, and Speech Pathology and Audiology added continuing education to their regulatory statutes.

3. Indiana reviewed all occupational licensing boards in 1979.

4. No audits done in 1985 or 1986. Audits are optional at the discretion of the legislative committee.

5. The sunset cycle was completed in 1983. It will begin again in 1989.

6. Sunset program nonexistent as of July 1, 1984.

7. In 1983, all licensing boards were removed from sunset review.

8. July 1, 1984, sunset was technically sunsetted. Out of effect July 2, 1984.

9. No boards reviewed in 1984 or 1985. Nevada is not currently assigning any agencies to be reviewed.

10. All occupational boards were reviewed in 1981. The next review will be in 1987.

11. The next sunset review for health professions is scheduled for 1990.

12. In South Dakota, sunset pertains to the rules only.

13. Audit of state-regulated health professions and occupations are not scheduled in current sunset cycle.

14. Wyoming rarely reviews occupational licensing boards. The Board of Podiatry is the only occupational board that was reviewed; that was done in 1981. No boards are scheduled for the next two-year cycle.

15. Refers to dispensing optician.

16. The Psychology Board's scope of practice was expanded; board membership was increased by two professionals and one public member. Other changes enabled the board to consider other degrees as criteria for licensure.

17. The Arkansas sunset law has expired.

18. Clarified and limited scope of practice and required malpractice reporting by insurers. Established procedures for resolving jurisdictional disputes with the Board of Medical Examiners.

19. Refers to general counselor.

20. A comprehensive review of all health regulatory entities and functions was undertaken in 1982-83 by the oversight committee. Since that time, legislative oversight has been dormant, but was revived in 1985.

21. Legislation enacted to recreate regulatory boards for these professions has generally included major changes in the regulatory laws. These changes include: (1) the names of certain boards have been changed; (2) authorization of the immediate suspension of a practitioner's license when the board determines that there is an immediate and clear danger to the public health and safety; (3) authorization for the board to directly prosecute and fine individuals who violate the regulatory laws, including persons that practice without a license; (4) requires health care facilities and health professionals to report to the regulatory board practitioners who are mentally or physically incompetent; (5) requires the various regulatory boards to be self-sustaining through licensing fees; (6) requires that board members who do not regularly attend meetings shall automatically forfeit their board membership; and (7) requires certain specific financial and operating reports to be submitted annually to specifically designated committees of the House and Senate.

22. The sunset review cycle has changed from a 6-year review cycle to a discretionary review cycle.

23. Major changes in the regulatory law were enacted from recommendations of the sunset audit team. These changes include, but are not limited to: the addition of public members to some boards, establishing a peer review system for some boards, amending continuing education laws, expanding the scope of disciplinary actions, and so on.

APPENDIX B

HEALTH PROFESSIONS UNDER STATE SUNRISE REVIEW

HEALTH PROFESSIONS UNDER STATE SUNRISE REVIEW

During the 1970s state legislatures experienced a significant increase in requests to regulate professions and occupations. More often than not the requests were initiated by the professional group and rarely, if ever, by consumers of the professional service. Few legislators had previous experience with licensing laws or with the objectives of regulation; the health, safety, and welfare of the public. The result was that most occupational groups easily convinced legislators of the need for regulation. Indeed, in many cases the need was clearly justified; but in some instances the need for regulation was not so clearcut.

When requests for regulation arise, legislators are expected to make educated decisions concerning the necessity of regulation within the timeframe of a legislative session. Legislators are concerned with this process as there is not adequate time to thoroughly research the costs and benefits that will accrue to society if the profession becomes regulated and have sought to remove initial licensing requests and research from the legislature.

As a result, approximately 16 states have adopted policies whereby requests for licensure can be thoroughly reviewed, the public benefits determined, and a recommendation to the legislature made before the licensure request goes to the legislature. This process of carefully scrutinizing requests for licensure and asking critical questions to determine regulatory need before licensure is granted is commonly referred to as sunrise and has fairly recently been introduced to the credentialing process.

Currently, Arizona, California, Colorado, District of Columbia, Georgia, Hawaii, Kansas, Michigan, Minnesota, Nebraska, New York, South Carolina, Tennessee, Vermont, Virginia and Washington have active sunrise programs and sunrise bills have been introduced in Florida, Maryland, New Jersey and Oregon. Table XIV provides information on occupations that have recently undergone a sunrise audit, the action requested by the professional group and what the recommendation was by the review committee to the legislature.

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TABLE XIV

SUNRISE: ACTIONS IN THE STATES, 1984-1985

STATE	PROFESSION	ACTION REQUESTED BY PROFESSIONAL GROUP	RECOMMENDATION MADE BY SUNRISE AUDIT COMMITTEE
KANSAS	Clinical Lab Professionals	Licensure	Under consideration
	Dietitian	Licensure	Under consideration
	Family & Marriage Counselors	Licensure	Under consideration
	Occupational Therapists	Licensure	Licensure
	Opticians	Licensure	Under consideration
	Professional Counselors	Licensure	Under consideration
	Psychologists (Masters level)	Licensure	Registration
	Respiratory Therapists	Licensure	Licensure
NEBRASKA	Athletic Trainer	Licensure	Licensure
	Chiropractic	Limit scope of practice	Limit of scope not necessary
	Dentists	Decrease scope of practice	Decrease scope of practice
	Dental Assts.	Registration	Registration not needed
	Dietitians and Nutritionists	Licensure	Licensure
	Ophthalmic Dispensers	Licensure	Licensure
	Optometrist	Increase scope of practice	Do not increase scope of practice
	Professional Counselors	Licensure	Certification

TABLE XIV

SUNRISE: ACTIONS IN THE STATES, 1984-1985

STATE	PROFESSION	ACTION REQUESTED BY PROFESSIONAL GROUP	RECOMMENDATION MADE BY SUNRISE AUDIT COMMITTEE
NEBRASKA	Respiratory Care Providers	Certification	Licensure
	Social Workers Clinical & Masters level	Licensure	Certification
	Baccalaureate level	Licensure	Registration
MICHIGAN	Clinical Social Worker	Licensure	Licensure
	Denturists	Licensure	Licensure
	Speech Pathologists & Audiologists	Licensure	Under consideration
MINNESOTA	Acupuncturists	Autonomous Bd. Status	Under consideration
	Chemical Dependency Practitioners	Licensure	Under consideration
	Contact Lens Technicians	Licensure	Under consideration
	Marriage & Family Therapists	Licensure	Under consideration
	Naturopaths	Licensure	Under consideration
	Opticians	Licensure	Under consideration
	Personnel & Guidance Counselors	Licensure	Under consideration
	Physician Assts.	Registration	Approved registration
	Social Workers	Licensure	Under consideration
	Veterinarian Assts.	Licensure	Under consideration

TABLE XIV

SUNRISE: ACTIONS IN THE STATES, 1984-1985

STATE	PROFESSION	ACTION REQUESTED BY PROFESSIONAL GROUP	RECOMMENDATION MADE BY SUNRISE AUDIT COMMITTEE
VIRGINIA	Athletic Trainers	Licensure	No need to license
	Corrective Therapists	Professional recognition statewide	To be considered
	Occupational Therapists	Certification	No certification
	Radiologic Technologists	Currently making application	
	Respiratory Therapists	Certification	Certification
	Sanitarians	Re-regulation	Under consideration
WASHINGTON	Acupuncturists	Certification	Under consideration
	Dental Hygienists	Independent practice	Independent practice for Bachelors level; law remains as is for 2-year level.
	Dentist	Add one dental hygienist to Dental Exam. Bd.	Under consideration
	Denturists	Licensure & independent practice	Under consideration
	Dietitians	Licensure	No need to license
	Marriage Counselor	Certification	Certification
	Mental Health Counselor	Certification	Certification
	Naturopaths	Expanded scope of practice	Under consideration
	Physical Therapists	Independent practice	To be considered
	Physical Therapy Assistants	Licensure	Under consideration

TABLE XIV

SUNRISE: ACTIONS IN THE STATES, 1984-1985

STATE	PROFESSION	ACTION REQUESTED BY PROFESSIONAL GROUP	RECOMMENDATION MADE BY SUNRISE AUDIT COMMITTEE
WASHINGTON	Radiologic Technologists	Certification	Under consideration
	Social Workers	Certification	Certification
	Surgeon Assts.	Licensure	Under consideration

APPENDIX C

RESOURCES

RESOURCES

NATIONAL ORGANIZATIONS WITH HEALTH PERSONNEL INFORMATION

General or Cross-Professional Information

American Hospital Association
840 North Lakeshore Drive
Chicago, IL 60611
Contact: Barbara Bloom Kreml, Director
Human Resources
(312) 274-2467

American Medical Association
535 North Dearborn
Chicago, IL 60610
Contact: Department of State Legislation
(312) 751-6000

American Society of Allied Health Professions
1101 Connecticut Avenue, N.W., Suite 700
Washington, DC 20036
(202) 857-1150

Intergovernmental Health Policy Project
The George Washington University
2100 Pennsylvania Avenue, N.W., Suite 616
Washington, DC 29937
Contact: Richard Merritt, Director
(202) 872-1445

National Clearinghouse on Licensure, Enforcement and Regulation
The Council of State Governments
Iron Works Pike, P.O. Box 11910
Lexington, KY 40578
Contact: Frances S. Berry, Director
(606) 252-2291

National Commission for Health Certifying Agencies
1101 Connecticut Avenue, N.W., Suite 700
Washington, DC 20036
Contact: Barbara Hickey, Assistant Director
(202) 857-1165

Professional Associations

American Association of Dental Examiners
211 East Chicago Avenue
Chicago, IL 60611
Contact: Molly Nadler
(312) 642-2254

Federation of State Medical Boards
2626 B West Freeway, #200
Ft. Worth, TX 76102
Contact: Dr. Bryant Galusha, Executive Vice President
(817) 335-1141

National Commission on Certification of Physician Assistants
3384 Peachtree Road, N.E., Suite 6560
Atlanta, GA 30326
Contact: David Glazer, Executive Director
(404) 656-2881

American Association for Respiratory Therapy
1720 Regal Row, P.O. Box 35287
Dallas, TX 75235
Contact: Linda Durrett, Director
Membership Services
(214) 630-3540

American Osteopathy Association
212 East Ohio Street
Chicago, IL 60611
Contact: Edward P. Crowell, O.D., Executive Director
(312) 944-2713